


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000731
 1. Entity Name
 ETTEN HIGH POINTE, LLC



Principal Place of Business Mailing Address
 500 THIRD STREET P.O. BOX 8050
 SUITE 700 WAUSAU, WI 54403
 WAUSAU, WI 54403

DO NOT WRITE IN THIS SPACE



01072005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 68-0537093	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ZIMMERMAN, RICHARD
 9943 CHERRY HILL AVENUE, CIRCLE
 BRADENTON, FL 34202

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

100001180889
 01/14/05-80022-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ETTEN, STEWART L 210 RAINBOW LANE WAUSAU, WI 54401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ETTEN, JOHN P 500 THIRD STREET WAUSAU, WI 54403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ETTEN, MARVIN P JR. 133 INDIAN SPRINGS ROAD CHESTERTOWN, NY 12817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ETTEN EDMISSON, MICHELE 5045 SOUTH HOLLY STREET CHERRY HILLS VILLAGE, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  1/2/05 (215) 845-4376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #