
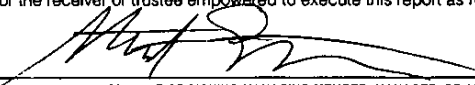


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90171 038 ****50.00

DOCUMENT # L03000000731					
1. Entity Name ETTEN HIGH POINTE, LLC					
Principal Place of Business 500 THIRD STREET SUITE 700 WAUSAU, WI 54403			Mailing Address P.O. BOX 8050 WAUSAU, WI 54403		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 68-0537093	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZIMMERMAN, RICHARD 9943 CHERRY HILL AVENUE, CIRCLE BRADENTON, FL 34202				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTEN, STEWART L		NAME		
STREET ADDRESS	210 RAINBOW LANE		STREET ADDRESS		
CITY-ST-ZIP	WAUSAU, WI 54401		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTEN, JOHN P		NAME		
STREET ADDRESS	500 THIRD STREET		STREET ADDRESS		
CITY-ST-ZIP	WAUSAU, WI 54403		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTEN, MARVIN P JR.		NAME		
STREET ADDRESS	133 INDIAN SPRINGS ROAD		STREET ADDRESS	954 N. CRESTVIEW DRIVE	
CITY-ST-ZIP	CHESTERTOWN, NY 12817		CITY-ST-ZIP	SENECA, SC 29678	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTEN EDMISSON, MICHELE		NAME		
STREET ADDRESS	5045 SOUTH HOLLY STREET		STREET ADDRESS		
CITY-ST-ZIP	CHERRY HILLS VILLAGE, CO 80111		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 2/2/06		Daytime Phone #: 915-845-4336	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					