2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L03000011499

Entity Name: WISCO VENTURES, LLC

Current Principal Place of Business:

115 CALABRIA AVENUE
SUITE 7
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

115 CALABRIA AVENUE
SUITE 7
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 56-2336988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTELLANOS, REINALDO ESQ.
115 CALABRIA AVENUE
SUITE 7
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	WISCO ENTERPRISES LL, P	
Address:	N9652 HIGHLINE ROAD	
City-St-Zip:	KAUKAUNA, WI 54130 US	
Title:	MGRM	( ) Delete
Name:	JANE, JULIO L	
Address:	9755 NW 52 STREET, APT. 214	
City-St-Zip:	MIAMI, FL 33178 US	
Title:	MGRM	( ) Delete
Name:	INVERSIONES MCQ, S.A, .	
Address:	LA URUCA DE CAPRIS, 75 METROS NORTE	
City-St-Zip:	EDIFICIO REQUISA SAN JOSE, US	
Title:	MGR	( ) Delete
Name:	JOHNSON, KIM	
Address:	N9652 HIGHLINE ROAD	
City-St-Zip:	KAUKAUNA, WI 54130 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIO L. JANE MGMR 04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date