


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 8:00 am**  
**Secretary of State**

07-20-2007 90039 030 \*\*\*\*55.00

**DOCUMENT # M05000000321**

1. Entity Name  
**HEARTLAND RECREATIONAL VEHICLES, LLC**



Principal Place of Business  
 2995 PAUL DRIVE  
 ELKHART, IN 46514

Mailing Address  
 2995 PAUL DRIVE  
 ELKHART, IN 46514

2. Principal Place of Business - No P.O. Box #  
**1001 All-Pro Drive**

3. Mailing Address  
**1001 All-Pro Drive**

Suite, Apt. #, etc.

City & State  
**Elkhart IN**

City & State  
**Elkhart IN**


Zip  
**46514**

Country  
**USA**

Zip  
**46514**

Country  
**USA**

*60053021*



07032007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**81-0635203**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WYNNE, DANIEL**  
**4300 HIGHWAY 441 SOUTH**  
**OKEECHOBEE, FL 34974**

7. Name and Address of New Registered Agent  
 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.

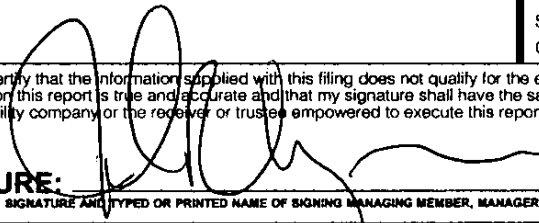
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 14, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFMAN, TIM 2995 PAUL DRIVE ELKHART, IN 46514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sales Hoffman, Tim 1001 All-Pro Drive Elkhart, IN 46514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RHYMER, JOHN 2995 PAUL DRIVE ELKHART, IN 46514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Operations Rhymer, John 1001 All-Pro Drive Elkhart, IN 46514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADY, BRIAN 2995 PAUL DRIVE ELKHART, IN 46514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Brady, Brian 1001 All-Pro Drive Elkhart IN 46514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUTTLE, SCOTT 2995 PAUL DRIVE ELKHART, IN 46514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marketing Tuttle, Scott 1001 All-Pro Drive Elkhart IN 46514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULBERTSON, JACK 2995 PAUL DRIVE ELKHART, IN 46514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Production Culbertson, Jack 1001 All-Pro Drive Elkhart IN 46514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **7-5-07 574-266-8726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #