

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004705

FILED
Jul 10, 2007
Secretary of State

Entity Name: MARSHALL ERDMAN DEVELOPMENT, LLC

Current Principal Place of Business:

5117 UNIVERSITY AVE
MADISON, WI 53705

New Principal Place of Business:

Current Mailing Address:

5117 UNIVERSITY AVE
MADISON, WI 53705

New Mailing Address:

FEI Number: 27-0075162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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/MANAGERS:

Title: MGR () Delete
Name: RANSOM, SCOTT
Address: 5117 UNIVERSITY AVE
City-St-Zip: MADISON, WI 53705

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: HAPP, BRIAN
Address: 5117 UNIVERSITY AVE
City-St-Zip: MADISON, WI 53705

Title: MGR () Change (X) Addition
Name: PELISEK, DAVID
Address: 777 EAST WISCONSIN AVE, 28TH FL
City-St-Zip: MILWAUKEE, WI 53202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRIAN HAPP

MGR

07/10/2007

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