

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004705

FILED
Feb 21, 2008
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:

ONE ERDMAN PLACE
MADISON, WI 53717

Current Mailing Address:

5117 UNIVERSITY AVE
MADISON, WI 53705

New Mailing Address:

PO BOX 44975
MADISON, WI 53744

FEI Number: 27-0075162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: MGR () Delete
Name: HAPP, BRIAN
Address: 5117 UNIVERSITY AVE
City-St-Zip: MADISON, WI 53705

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

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:

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

02/21/2008

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