


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90059 028 \*\*\*\*50.00

|   |  |                                 |   |   |  |
|---|--|---------------------------------|---|---|--|
| <b>DOCUMENT # L00000010235</b>  |  |                                 |   |  |  |
| <b>1. Entity Name</b><br>CYHAWK BADGER, LC  |  |                                 |   |   |  |
| <b>Principal Place of Business</b><br>247 N. COLLIER BLVD., SUITE 202<br>MARCO ISLAND, FL 34145   |  |                                 | <b>Mailing Address</b><br>247 N. COLLIER BLVD., SUITE 202<br>MARCO ISLAND, FL 34145 |   |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>       |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |   |   |  |
| City & State  |  | City & State                    |   |   |  |
| Zip   | Country  | Zip                             | Country   | <b>4. FEI Number</b><br>59-3673926  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |                                 |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |                                 | <b>7. Name and Address of New Registered Agent</b>                                  |   |  |
| MORRIS, WILLIAM G ESQ.<br>247 N. COLLIER BLVD., SUITE 202<br>MARCO ISLAND, FL 34145   |  |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                  |   |  |
| FL  |  |                                 | Zip Code  |   |  |
| <b>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.</b>  |  |                                 |   |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)   |  |                                 |   |   |  |
| Signature, typed or printed name of registered agent and title if applicable  |  |                                 |   |   |  |
| DATE  |  |                                 |   |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>   |  |                                 | <b>Make check payable to Florida Department of State</b>                            |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>WE LEASE, LC<br>5800 MERLE HAY RD.<br>JOHNSTON, IA 50131                     | <input type="checkbox"/> Delete |   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>B&B LC<br>6979 GREENTREE DR.<br>NAPLES, FL 34108                             | <input type="checkbox"/> Delete |   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>NICOLE INVESTMENTS, LC<br>4224 HUBBELL<br>DES MOINES, IA 50317               | <input type="checkbox"/> Delete |   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>MADDOX LEASING, LLC<br>2122 FLEUR DRIVE<br>DES MOINES, IA 50321              | <input type="checkbox"/> Delete |   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BECK INVESTMENTS, LC<br>133 E NORTH FORD, PO BOX 126<br>CENTENNIAL, WY 82055 | <input type="checkbox"/> Delete |   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>CHARLSON, JEFFREY E<br>5800 MERLE HAY RD, PO BOX 394<br>JOHNSTON, IA 50131     | <input type="checkbox"/> Delete |   |   |  |
| <b>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.</b> |  |                                 | <b>SIGNATURE:</b> <i>Jeffrey E. Charlson</i>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                                 | Date: 4-27-06   |   |  |
| Daytime Phone #: 515-253-0943   |  |                                 | Daytime Phone #:  |   |  |