2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010235

Entity Name: CYHAWK BADGER, LC

CHARLSON, JEFFREY E

JOHNSTON, IA 50131

5800 MERLE HAY RD, PO BOX 394

Name:

Address:

City-St-Zip:

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 247 N. COLLIER BLVD., SUITE 202 MARCO ISLAND, FL 34145 **Current Mailing Address: New Mailing Address:** 247 N. COLLIER BLVD., SUITE 202 MARCO ISLAND, FL 34145 FEI Number: 59-3673926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORRIS, WILLIAM G ESQ 247 N. COLLIER BLVD., SUITE 202 MARCO ISLAND, FL 34145 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WE LEASE, LC Name: Name: 5800 MERLE HAY RD. Address: Address: City-St-Zip: JOHSTON, IA 50131 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition B&B LC Name: Name: Address: 6979 GREENTREE DR. Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NIKOLE INVESTMENTS, LLC Name: Name: Address: 4224 HUBBELL Address: City-St-Zip: DES MOINES, IA 50317 City-St-Zip: Title: MGRM Title: () Change () Addition () Delete Name: MADDOX LEASING, LLC Name: Address: 2122 FLEUR DRIVE Address: City-St-Zip: DES MOINES, IA 50321 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BECK INVESTMENTS, LC Name: Name: 133 E NORTH FORD, PO BOX 126 Address: Address: City-St-Zip: CENTENNIAL, WY 82055 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM G. MORRIS RA 04/23/2009