

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90185 002 ****50.00

DOCUMENT # L00000015185

1. Entity Name

LARNAT, LLC



Principal Place of Business

6663 AUDUBON TRACE WEST
WEST PALM BEACH FL 33412

Mailing Address

6033 MONONA DRIVE
MADISON WI 53716

24043300

2. Principal Place of Business

3. Mailing Address

702 RIVER PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 5

City & State

City & State

MADISON WI

Zip

Country

Zip

Country

53716

USA

MOORE

CR2E083 (11/03)

4. FEI Number

36-4433497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, LARRY E
6663 AUDUBON TRACE WEST
WEST PALM BEACH FL FL334-12

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PETERS, LARRY E
STREET ADDRESS 6663 AUDUBON TRACE WEST
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME KOUGIOULIS JR, JAMES C
STREET ADDRESS 6454 SOUTH 640 EAST
CITY-ST-ZIP SALT LAKE CITY UT 84107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Tracy Williams TRACY WILLIAMS 2/12/04 (608) 223-0789