

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90609 011 \*\*\*\*55.00

DOCUMENT # L01000022232

1. Entity Name

PASSAGE PROPERTIES, L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1219 APPLETON RD.

Suite, Apt. #, etc.

3. Mailing Address

1219 APPLETON RD

Suite, Apt. #, etc.

City & State

MENASHA, WI

City & State

Menasha, WI

4. FEI Number

01-0557177

Applied For

Not Applicable

Zip

54952

Country

USA

Zip

54952

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

TIMOTHY K. KNOWLES

Street Address (P.O. Box Number is Not Acceptable)

1205 MANATEE AVE W

City

BRADENTON

FL

Zip Code

34205

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME JOSEPH JACOBSON  
STREET ADDRESS 1219 APPLETON RD  
CITY-ST-ZIP MENASHA, WI 54952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME MARJORIE JACOBSON  
STREET ADDRESS 1219 APPLETON RD.  
CITY-ST-ZIP MENASHA, WI 54952

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CITY-ST-ZIP

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CR2E083B (12/01)

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:

Marjorie Jacobson

Marjorie Jacobson

2/18/02

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

Date

Daytime Phone #