


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # L01000022232 1. Entity Name PASSAGE PROPERTIES, L.C.	
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Principal Place of Business 1219 APPLETON RD MENASHA, WI 54952	Mailing Address 1219 APPLETON RD MENASHA, WI 54952
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DO NOT WRITE IN THIS SPACE



04242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1160009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KNOWLES, TIMOTHY A 1205 MANATEE AVE. WEST BRADENTON, FL 34205
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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. 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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACOBSON, JOSEPH 1219 APPLETON RD MENASHA, WI 54952
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<p>U00000549480 05/13/06-80024-002 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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.

SIGNATURE: Joseph C. Jacobson **JOSEPH C JACOBSON** 4-24-06 920-727-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #