2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 20, 2004 8:00 am Secretary of State **DOCUMENT # L02000006308** 04-20-2004 90187 002 ****50.00 426 LAKE MUREX CIRCLE, LL Principal Place of Business Mailing Address 110900EE **426 LAKE MUREX CIRCLE** C/O WESLEY WINRICH 901 DONNA AVE. SANIBEL, FL 33957 TOMAH, WI 54660 2. Principal Place of Business 3. Mailing Address PO Box 564 Suite, Apt. #, etc. Suite, Apt. #, etc. 03032004 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State WI **NOT APPLICABLE** Tomah Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired \Box 54660 Fee Required Monroe 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINRICH, WESLEY, Street Address (P.O. Box Number is Not Acceptable) 426 LAKE MUREX CIRCLE SANIBEL, FL 33957 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 Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change Addition WINRICH, WESLEY NAME NAME STREET ADDRESS 901 DONNA AVE STREET ADDRESS TOMAH, WI 54660 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-13-04

<u>008-317-3900</u>

FILED