


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000033168 1. Entity Name DESA IP, LLC						FILED 05 MAY -2 PM 12: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 2701 INDUSTRIAL DRIVE BOWLING GREEN, KY 42101				Mailing Address 2701 INDUSTRIAL DRIVE BOWLING GREEN, KY 42101				
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>								
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANEMAN, CHARLES 2701 INDUSTRIAL DRIVE BOWLING GREEN, KY 42101			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO CLANTON, STEPHEN 2701 INDUSTRIAL DRIVE BOWLING GREEN, KY 42101			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500054343655 05/12/05--01078--004 **806.25			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEIDENHAMMER, CHRIS 2701 INDUSTRIAL DRIVE BOWLING GREEN, KY 42101			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO WIESE, JAMES 2701 INDUSTRIAL DRIVE BOWLING GREEN, KY 42101			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  P. Radkov				4-26-05				270-781-9600
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>		<small>Daytime Phone #</small>		

5/12/05