


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90561 025 \*\*\*\*50.00

<b>DOCUMENT # L03000000731</b>					
1. Entity Name <b>ETTEN HIGH POINTE, LLC</b>					
Principal Place of Business <b>500 THIRD STREET SUITE 700 WAUSAU WI 54403</b>			Mailing Address <b>P.O. BOX 8050 WAUSAU WI 54403</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>68-0537093</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301-1283</b>				7. Name and Address of New Registered Agent Name <b>Richard Zimmerman</b> Street Address (P.O. Box Number is Not Acceptable) <b>9943 Cherry Hill Avenue, Circle</b> City <b>Bradenton</b> <b>FL</b> Zip Code <b>34202</b>	
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 <b>Richard Zimmerman</b> <b>Richard Zimmerman</b> <b>3-26-04</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ETTEN, STEWART L 210 RAINBOW LANE WAUSAU WI 54401	<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	MGRM ETTEN, JOHN P 500 THIRD STREET WAUSAU WI 54403	<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	MGRM ETTEN, MARVIN P JR. 7-GROOMS POINTE DRIVE CLIFTON PARKS NY 12065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>133 Indian Springs Road Chester town, NY 12817</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ETTEN EDMISSON, MICHELE 5045 SOUTH HOLLY STREET CHERRY HILLS VILLAGE CO 80111	<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	
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: <b>Managing Member</b> <b>3/15/04</b> <b>(917) 447-4736</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					