

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000000731

1. Entity Name  
ETTEN HIGH POINTE, LLC



Principal Place of Business  
500 THIRD STREET  
SUITE 700  
WAUSAU, WI 54403

Mailing Address  
P.O. BOX 8050  
WAUSAU, WI 54403



01072005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
68-0537093

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ZIMMERMAN, RICHARD  
9943 CHERRY HILL AVENUE, CIRCLE  
BRADENTON, FL 34202

**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, 2005**

1000001180889  
01/14/05-80022-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ETTEN, STEWART L 210 RAINBOW LANE WAUSAU, WI 54401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ETTEN, JOHN P 500 THIRD STREET WAUSAU, WI 54403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ETTEN, MARVIN P JR. 133 INDIAN SPRINGS ROAD CHESTERTOWN, NY 12817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ETTEN EDMISSON, MICHELE 5045 SOUTH HOLLY STREET CHERRY HILLS VILLAGE, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

1/2/05 (215) 845-4376  
Date Daytime Phone #