

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-29-2004 90561 024 \*\*\*\*50.00

**DOCUMENT # L03000000732**

1. Entity Name

ETTEN SAND CLIFFS, LLC



Principal Place of Business

500 THIRD STREET  
SUITE 700  
WAUSAU WI 54403

Mailing Address

P.O. BOX 8050  
WAUSAU WI 54402-8050

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

41-2074072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE FL 32301-1283

7. Name and Address of New Registered Agent

Name

Richard Zimmerman

Street Address (P.O. Box Number is Not Acceptable)

9943 Cherry Hills Avenue, Circle

City

Bradenton

FL

Zip Code

34202

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

*Richard Zimmerman*

Signature, typed or printed name of registered agent and title if applicable.

*Richard Zimmerman*

(NOTE: Registered Agent signature required when reinstating)

3-26-04

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME ETTEN, STEWART L  
STREET ADDRESS 210 RAINBOW LANE  
CITY-ST-ZIP WAUSAU WI 54401

TITLE MGRM ☐ Delete  
NAME ETTEN, JOHN P  
STREET ADDRESS 500 THIRD STREET  
CITY-ST-ZIP WAUSAU WI 54403

TITLE MGRM ☐ Delete  
NAME ETTEN, MARVIN P JR.  
STREET ADDRESS 7 GROOMS POINT DRIVE-  
CITY-ST-ZIP CLIFTON PARKS NY 12065

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 133 Indian Springs Road  
CITY-ST-ZIP Chester town, NY 12817

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

*Managing Member*

3/15/04 (715) 845-4236

Date

Daytime Phone #