## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## DOCUMENT # L03000021208

1. Entity Name

SLEMISH MOUNTAIN INVESTMENT, LLC



FILED Apr 10, 2008 08:00 A Secretary of State

C/O DELOS E. SPENCER A MARICA R. SPEN TO POR AEAST PERKINS STREET MEDICATION WISHAST  Sund. Apt. #. olic.  Cry & State  Inst MOORE  CREEDS3 (10/07)  Inst MOORE  CREEDS3 (10/07)  Country  Inst MOORE  CREEDS3 (10/07)  Country  Inst MOORE  CREEDS3 (10/07)  Country  Cry & State  Cry & State	Principal Plac	e of Busines	S	Mailing Address							
Sures, Apt. #, etc.   Sures, Apt. #, etc.   Sures, Apt. #, etc.   Sures, Apt. #, etc.   A, FEI Number   NO-T APPLICABLE   Applied Fo.   No. A collicional Pea Requirement   No. T APPLICABLE   No. A collicional Pea Requirement   No. A c	704 EAST PERKINS STREET MEDFORD WI 54451			C/O DELOS E. SPENCER & MARICA R. SPEN 704 EAST PERKINS STREET MEDFORD WI 54451							
City & State	2. Principal P	lace of Busin	ness - No P.O Box #	3. Mailing Address							
Top	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/07)				
S. Certificate of Status Desired     Per Required	City & Stat	е		City & State			4. FEI Numper	NO-T APP	LICABLE		· · · · · · · · · · · · · · · · · · ·
Name	Zip	Country		Zip Court		try	5. Certificate of	Status Desired			
POSTER, DAVE 2916 SE 34TH PLACE CAPAL FL 33904	7.00.000	6. Name	and Address of Current R	jistered Agent							
State   Corne   Flat   State			, , , , , , , , , , , , , , , , , , ,	Name							
City	2516	'H PLACÉ				Street Address (P.O. Box Number is Not Acceptable)					
The above named entity submiss this statement for the purpose of changing its registered agent, or poth, in the State of Florada. I am familiar with, and according to object agent.   The collegations of registered agent.   The collegations   The coll	CAP	'E CURAI	L FL 33904								
Signature   Sign						City			FL	Zip Coc	le
FILE NOW:    FEE IS \$138.75	the obligations of registered agent.  SIGNATURE										
Make Check Payable to Florida Department of State		•			· .  -;;	1 19 20 Print 101 301 3	2 10 15 157 15 2				
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	11. I hereby d	certify that th	e Information supplied with	this filing does not quality t		L	d in Section 119 i	Florida Statutes	I further certif	v 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 REPRESENTAL

4/7/08 (715)748-2982