

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025821

FILED
May 03, 2004
Secretary of State

Entity Name: M & W MARCO INVESTMENTS, L.L.C.

Current Principal Place of Business:

1701 BERNHEIN STREET
OSHKOSH, WI 54904

New Principal Place of Business:

1701 BERNHEIM STREET
OSHKOSH, WI 54904

Current Mailing Address:

1701 BERNHEIN STREET
OSHKOSH, WI 54904

New Mailing Address:

1701 BERNHEIM STREET
OSHKOSH, WI 54904

FEI Number: 20-0079163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCHE, CHRISTOPHER A ESQUIRE
229 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SCHAEFERS, MICHAEL J
Address: 1701 BERNHEIN STREET
City-St-Zip: OSHKOSH, WI 54904

Title: MGRM () Delete
Name: SCHAEFERS, WENDY M
Address: 1701 BERNHEIN STREET
City-St-Zip: OSHKOSH, WI 54904

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHAEFERS, MICHAEL J
Address: 1701 BERNHEIM STREET
City-St-Zip: OSHKOSH, WI 54904

Title: MGRM (X) Change () Addition
Name: SCHAEFERS, WENDY M
Address: 1701 BERNHEIM STREET
City-St-Zip: OSHKOSH, WI 54904

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL J SCHAEFERS

MEMB

05/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date