


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90182 047 ***138.75

DOCUMENT # L03000025821 1. Entity Name M & W MARCO INVESTMENTS, L.L.C.					
Principal Place of Business 1701 BERNHEIM STREET OSHKOSH, WI 54904			Mailing Address 1701 BERNHEIM STREET OSHKOSH, WI 54904		
2. Principal Place of Business - No P.O. Box # 2471 NEWPORT COURT <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2471 NEWPORT COURT <small>Suite, Apt. #, etc.</small>			
City & State OSHKOSH WI		City & State OSHKOSH WI		4. FEI Number 20-0079163	
Zip 54904		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROCHE, CHRISTOPHER A ESQUIRE 229 NORTH COLLIER BOULEVARD MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAEFERS, MICHAEL J 1701 BERNHEIM STREET OSHKOSH, WI 54904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAEFERS, WENDY M 1701 BERNHEIM STREET OSHKOSH, WI 54904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Oliver Schaefer</i>			Date 4/8/08 Daytime Phone # 920 378-4604		

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