


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 Suite, Apt. #, etc.			3. Mailing Address 2471 NEWPORT COURT Suite, Apt. #, etc.		
City & State OSHKOSH WI		City & State OSHKOSH WI		4. FEI Number 20-0079163	
Zip 54904		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04062008 Chg-LLC CR2E083 (12/06)	
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAEFERS, MICHAEL J		NAME		
STREET ADDRESS	1701 BERNHEIM STREET		STREET ADDRESS	2471 NEWPORT COURT	
CITY-ST-ZIP	OSHKOSH, WI 54904		CITY-ST-ZIP	OSHKOSH WI 54904	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAEFERS, WENDY M		NAME		
STREET ADDRESS	1701 BERNHEIM STREET		STREET ADDRESS		
CITY-ST-ZIP	OSHKOSH, WI 54904		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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