

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023159

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: BILLY BOYS' HOLDINGS, LLC

**Current Principal Place of Business:**

S4065 OLD 33  
BARABOO, WI 53913

**New Principal Place of Business:**

**Current Mailing Address:**

S4065 OLD 33  
BARABOO, WI 53913

**New Mailing Address:**

FEI Number: 04-3787887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICE, THOMAS S  
2913 CONDELL DRIVE  
ORLANDO, FL 32812      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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WELLS, LEONARD C  
Address: S4561 VALLEY CIRCLE  
City-St-Zip: NORTH FREEDOM, WI 53951 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
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Title: ( ) Delete  
Name:  
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City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: WELLS, JAMES  
Address: 223 BETHEL ROAD  
City-St-Zip: CASEYVILLE, IL 62232 US

Title: MGRM ( ) Change (X) Addition  
Name: WELLS, WILLIAM  
Address: POST OFFICE BOX 424  
City-St-Zip: BARABOO, WI 53913 US

Title: MGRM ( ) Change (X) Addition  
Name: WELLS, JOHN H  
Address: POST OFFICE BOX 424  
City-St-Zip: BARABOO, WI 53913 US

Title: MGRM ( ) Change (X) Addition  
Name: WELLS, LOUIS J  
Address: POST OFFICE BOX 424  
City-St-Zip: BARABOO, WI 53913 US

Title: MGRM ( ) Change (X) Addition  
Name: WELLS, ROBERT B  
Address: S5480 HIGHWAY 136  
City-St-Zip: BARABOO, WI 53951 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LEONARD C. WELLS

MGRM

04/26/2007

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