2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035211

Entity Name: ESCAPEWI, LLC

Address:

City-St-Zip:

FILED Apr 19, 2005 Secretary of State

| Current Principal Place of Business: | | New Principal Place o | f Business: | |
|--|----------------------------------|------------------------------------|---|--|
| 16915 HIDDEN POND (BROOKFIELD, WI 530) | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 16915 HIDDEN POND (BROOKFIELD, WI 530) | | | | |
| FEI Number: 03-0542073 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| KEDDIE, BURTON G 7913 VIA VECCHIA NAPLES, FL 34108 | US | | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electro | onic Signature of Registered Age | ent | Date | |
| MANAGING MEMBERS/MEMBERS: | | ADDITIONS/CHANGES: | ADDITIONS/CHANGES: | |
| Title: (|) Delete | Title: MGR (|) Change (X) Addition | |

Address:

2860 CAMDEN LANE City-St-Zip: BROOKFIELD, WI 53045

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: PETER D. KEDDIE 04/19/2005