


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000070126</b> 1. Entity Name KMC SANDARAC CO., LLC	
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Principal Place of Business 19 ARBOREDGE WAY FITCHBURG, WI 53711	Mailing Address 19 ARBOREDGE WAY FITCHBURG, WI 53711
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01042008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 32-0125803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  RICHARD T. COTTER, P.A. 6100 ESTERO BLVD. FT. MYERS BEACH, FL 33931
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000775461  
01/08/08-80031-004 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZASTROW, CHARLES 2992 WOODS EDGE WAY FITCHBURG, WI 53711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZASTROW, KATHRYN 2992 WOODS EDGE WAY FITCHBURG, WI 53711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, MARY 7709 KENYON MIDDLETON, WI 53562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Charles Zastrow 1-4-08 668-276-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #