

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000072346**

1. Entity Name  
**WAUPACA HOLDINGS, LLC**



Principal Place of Business  
**2300 CURLEW ROAD, SUITE 100  
PALM HARBOR, FL 34683**

Mailing Address  
**2300 CURLEW ROAD, SUITE 100  
PALM HARBOR, FL 34683**



02072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1709249**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FOWLER WHITE BOGGS BANKER P.A.  
C/O HUNTER J. BROWNLEE  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

**Steven J. Stuebs**

(NOTE: Registered Agent signature required when reinstating)

**4/1/06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**U000000496233  
04/22/06-80005-002 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
STUEBS, STEVEN J MANAGER  
198 CYPRESS TRACE  
TARPOON SPRINGS, FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
SIMS, LARRY E MANAGER  
11535 HIDDEN COVE COURT  
TRINITY, FL 34655**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/1/06**

Date

**727-789-9500**

Daytime Phone