## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L04000088925

## FILED Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90182 048 \*\*\*138.75

Usiness - No PO Box # 2977 NEW PORT COURT  Suite, Apl. #, etc.  City & State  OSHKO SM U	Place of Business Mailing Address ERNHEIM STREET 1701 BERNHEIM STREET SH, WI 54904 OSHKOSH, WI 54904				60022203				
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The and Address of Current Registered Agent  Name  PHER A ESQUIRE BOULEVARD FL 34145  City  City  FL Zip Code  In the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept gistered agent.  Phere is a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept gistered agent.  Provided or printed name of registered agent and title if apolicable.  Provided or printed name of registered agent and title if apolicable.  Phere is a state of Florida. I am lamiliar with, and accept gistered agent.  Make check payable to Florida Department of State  MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS	1 0	OSHKO	osu u					Not	Applicable
The and Address of Current Registered Agent  PHER A ESQUIRE BOULEVARD FL 34145  City  FL Zip Code  In the State of Florida. I am lamiliar with, and accept agent, or both, in the State of Florida. I am lamiliar with, and accept agent and title if applicable.  (NOTE: Registered Agent agent are of registered agent, or both, in the State of Florida. I am lamiliar with, and accept agent.  PEE IS \$138.75 B Fee will be \$538.75  Make check payable to Florida Department of State  MANAGING MEMBERS/MANAGERS  I Delete  TILE  MANAGING MEMBERS/MANAGERS  I TILE  NAME  SIREET ADDRESS  2 4 7 1 NEW PORT COURT  COSH, WI 54904  CITY-ST-ZIP  OSH KOSH W. I 5 49 04  RT, JOSEPH J III  980 PRAIRIE STREET  SIREET ADDRESS  CITY-ST-ZIP  SIREET ADDRESS	ntry.	5496	7 Cou		5. Certificate	of Status Desired			
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at the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information			I	F1: 01 340					

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

Date

Daytime Phone #