



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90108 018 \*\*\*\*50.00

<b>DOCUMENT # L04000094112</b> 1. Entity Name ELEVEN FIFTY-FIVE, L.L.C.																			
Principal Place of Business 5750 N. SYDNEY PLACE GLENDALE, WI 53209				Mailing Address 5750 N. SYDNEY PLACE GLENDALE, WI 53209															
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 511521</i>		  03172005    Chg-LLC    CR2E083 (10/03)															
City & State		City & State <i>MILWAUKEE, WISCONSIN</i>																	
Zip		Zip <i>53203</i>																	
Country		Country <i>U.S.A.</i>																	
4. FEI Number <i>13-4291562</i>				Applied For <input type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  MOTOLAW, INC. 50 NORTH LAURA STREET, SUITE 2500 JACKSONVILLE, FL 32202															
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="float: right; text-align: right;"> <b>FL</b>    Zip Code         </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>															
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	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 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 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.																			
<b>SIGNATURE:</b> <i>Melvin K. Washington</i> [MELVIN K. WASHINGTON]    Date <i>4/22/05</i> Daytime Phone # <i>414-535-1020</i>																			