2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L05000079084

Entity Name: CMN JOINT VENTURE, LLC

Current Principal Place of Business:

5225 SE 39TH LOOP
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

5225 SE 39TH LOOP
OCALA, FL 34480

New Mailing Address:

FEI Number: 20-3286757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN, JAMES W
5225 SE 39TH LOOP
OCALA, FL 34480 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: PD ( ) Delete
Name: NORMAN, JAMES W
Address: 5225 SE 39TH LOOP
City-St-Zip: OCALA, FL 34480

Title: VSD ( ) Delete
Name: CADY, KENDALL L
Address: E12304 NEWMAN ROAD
City-St-Zip: BARABOO, WI 53913

Title: VTD ( ) Delete
Name: MCARTHUR, GREGG H
Address: 1223 CRAWFORD STREET
City-St-Zip: BARABOO, WI 53913

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES W. NORMAN PD 03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date