

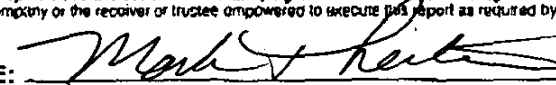
STATEWIDE

Fax: 9206839052

Fet

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT****FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90076 030 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                      |                                                                                   |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L07000120509</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                      |                                                                                   |  |  |
| <b>1. Entity Name</b><br>FLORIDA BADGER LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                                      |                                                                                   |                                                                                   |  |
| <b>Principal Place of Business</b><br>4526 DEER LANE<br>WHITE LAKE, WI 54247                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                                      | <b>Mailing Address</b><br>4526 DEER LANE<br>WHITE LAKE, WI 54247                  |                                                                                   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      | <b>3. Mailing Address</b>                            |                                                                                   |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | Suite, Apt. #, etc.                                  |                                                                                   |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      | City & State                                         |                                                                                   |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country                              | Zip                                                  | Country                                                                           |                                                                                   |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                      | <b>7. Name and Address of New Registered Agent</b>                                |                                                                                   |  |
| THEILER, MARK<br>5650 SWIFT ROAD<br>SARASOTA, FL 34231                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                      | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                            |                                      |                                                      |                                                                                   |                                                                                   |  |
| SIGNATURE _____ (Signature of Registered Agent or authorized representative)                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                                      |                                                                                   |                                                                                   |  |
| <b>FILE NOW!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$638.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | Make check payable to<br>Florida Department of State |                                                                                   |                                                                                   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                      | <b>10. ADDITIONS/CHANGES</b>                                                      |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR <input type="checkbox"/> Delete  |                                                      | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RAMMINGER, KEVIN J                   |                                                      | NAME                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4526 DEER LANE                       |                                                      | STREET ADDRESS                                                                    |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WHITE LAKE, WI 54247                 |                                                      | CITY- ST- ZIP                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM <input type="checkbox"/> Delete |                                                      | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | THEILER, MARK                        |                                                      | NAME                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5650 SWIFT ROAD                      |                                                      | STREET ADDRESS                                                                    |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SARASOTA, FL 34231                   |                                                      | CITY- ST- ZIP                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete      |                                                      | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                      | NAME                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                      | STREET ADDRESS                                                                    |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                      | CITY- ST- ZIP                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete      |                                                      | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                      | NAME                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                      | STREET ADDRESS                                                                    |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                      | CITY- ST- ZIP                                                                     |                                                                                   |  |
| <b>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 806, Florida Statutes.</b> |                                      |                                                      |                                                                                   |                                                                                   |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                      |                                                                                   |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                      |                                                                                   |                                                                                   |  |

60008000



02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 74-3244126 Applied For Not Applicable

6. Certificate of Status Desired \$5.00 Additional Fee Required

 7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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.

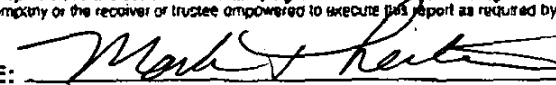
SIGNATURE \_\_\_\_\_ (Signature of Registered Agent or authorized representative)

 FILE NOW!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$638.75

 Make check payable to  
 Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS |                                      | 10. ADDITIONS/CHANGES |                                                                   |
|------------------------------|--------------------------------------|-----------------------|-------------------------------------------------------------------|
| TITLE                        | MGR <input type="checkbox"/> Delete  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | RAMMINGER, KEVIN J                   | NAME                  |                                                                   |
| STREET ADDRESS               | 4526 DEER LANE                       | STREET ADDRESS        |                                                                   |
| CITY- ST- ZIP                | WHITE LAKE, WI 54247                 | CITY- ST- ZIP         |                                                                   |
| TITLE                        | MGRM <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | THEILER, MARK                        | NAME                  |                                                                   |
| STREET ADDRESS               | 5650 SWIFT ROAD                      | STREET ADDRESS        |                                                                   |
| CITY- ST- ZIP                | SARASOTA, FL 34231                   | CITY- ST- ZIP         |                                                                   |
| TITLE                        | <input type="checkbox"/> Delete      | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                                      | NAME                  |                                                                   |
| STREET ADDRESS               |                                      | STREET ADDRESS        |                                                                   |
| CITY- ST- ZIP                |                                      | CITY- ST- ZIP         |                                                                   |
| TITLE                        | <input type="checkbox"/> Delete      | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                                      | NAME                  |                                                                   |
| STREET ADDRESS               |                                      | STREET ADDRESS        |                                                                   |
| CITY- ST- ZIP                |                                      | CITY- ST- ZIP         |                                                                   |

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 806, Florida Statutes.

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