

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029705

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** PAT GOOD, LLC

**Current Principal Place of Business:**

4101 N. GULF SHORE BLVD. N PH5  
NAPLES, FL 34103 US

**New Principal Place of Business:**

4101 GULF SHORE BLVD. N PH 5  
NAPLES, FL 34103 US

**Current Mailing Address:**

780 NORTH WATER STREET  
C/O PETER M. SOMMERHAUSER  
MILWAUKEE, WI 53202 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOOD BAKER, PAT  
4101 N. GULF SHORE BLVD. N PH5  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

GOOD BAKER, PAT  
4101 GULF SHORE BLVD. N PH 5  
NAPLES, FL 34103 US

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

02/01/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOOD BAKER, PAT  
Address: 4101 GULF SHORE BLVD. N PH 5  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM  
Name: BAKER, JAY H  
Address: 4101 GULF SHORE BLVD. N PH 5  
City-St-Zip: NAPLES, FL 34103 US

I hereby 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: PAT GOOD BAKER

MGRM

02/01/2011

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