ANI	IABILITY COMPANY NUAL REPORT 1999		Kath Secr DIVISION O	PARTMENT OF STATE prine Harris tail of State F CORPORATIONS	אווך 66 🗧	ILED 3 PM 1:	59	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002940					TALLAHASSEE, FLORIDA			
244	JGLAS AVENUE HO 12 NORTH GRANDV JKESHA WI 53188	/IEW BO			2442 NG	ace of Business DRTH GRA IA WI 53	ANDVIE	W BOULEVA
2 Principal Pl	ace of Business	2a. Mailing Address			3. Date Organia	ed or Qualified	3a. State	of Formation
Suite, Apt. #, etc.					11/30/1998		FL	
ουπο, τητ. π ₁ τιυ.		Suite, Apt. #, etc.			4. FEI Number		A	Applied For
City & State		City & State			1			Not Applicable
Ζιρ	Country	Ζιρ		Country	5. Date of Last	Report		ate of Status Desired
	7. Name and Address of Curre	ant Registered	l Agent	8. Name	Name and Addres	s of New Regis	tered Ageni	VOffice
its registered of as registered a	the provisions of Sections 608.4 frice or registered agent, or both, in gent, and accept the obligations.	the State of Fic	orida Such chang	ge was authorized by alfirma	d liability company s ative vote of a majori	米米米 FL submits this state ty of the member	Zip Code ment for the s. I hereby ac	ccept the appointment
SIGNATURE			NOTE Pegistered Age	d Agent signature required when revisibiliting)				
10. Title	Managing Members/Managers		Business Street Address			City, State and Zip Code		
	PENCER, JERRY		2442 N	ORTH GRANDV	IEW BOULE	WAUKES	SHA WI	

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