

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000000708</b>	
1. Entity Name <b>BADGER ACQUISITION OF OHIO LLC</b>	



Principal Place of Business <b>100 E RIVERCENTER BLVD. SUITE 1600 COVINGTON, KY 41011</b>	Mailing Address <b>100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011 US</b>
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04252006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2119875</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP STAMPS, JEFFREY M 100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV ACKLEY, DOUGLAS 100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS ROBBINS, REGIS T 100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV TIMMONS, GINA 100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV ABBOTT, BRADLEY S 100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV MARSH, THOMAS R 100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011

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05/10/06-80038-016 50.00

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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 608, Florida Statutes.

SIGNATURE: Thomas R. Marsh **Thomas R. Marsh** 04/26/2006 (859) 392-3463  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #