

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001338

Entity Name: SKIPPERSHIP N.Y., LLC

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

127 MARINA DRIVE  
LACROSSE, WI 54603

**New Principal Place of Business:**

9534 E FRONTAGE RD/HWY 16  
SUITE 200  
ONALASKA, WI 54650

**Current Mailing Address:**

127 MARINA DRIVE  
LACROSSE, WI 54603

**New Mailing Address:**

9534 E FRONTAGE RD/HWY 16 SUITE 200  
PO BOX 248  
ONALASKA, WI 54650

FEI Number: 39-1966200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORRIS, DAVID  
550 PORT O CALL WAY  
NAPLES, FL 34102 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: MGRM  
Name: JORDAN, NOEL C  
Address: 4801 BONITA BAY BLDV, UNIT #1704  
City-St-Zip: BONITA SPRINGS, FL 34134

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: NOEL C JORDAN

MGRM

01/18/2011

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