


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000000014</b> 1. Entity Name <b>NORTHWESTERN INVESTMENT MANAGEMENT COMPANY, LLC</b>	
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Principal Place of Business <b>720 E. WISCONSIN AVE., ROOM 447 MILWAUKEE, WI 53202</b>	Mailing Address <b>720 E. WISCONSIN AVE., ROOM 447 MILWAUKEE, WI 53202</b>
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01092006No Chg-LLC

GR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>39-0509570</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM THE NORTHWESTERN MUTUAL LIFE INS. CO 720 E. WISCONSIN AVE. MILWAUKEE, WI 53202</b>
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01/18/06-80031-010 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Andrew Heistad **ANDREW HEISTAD** 1/10/06 (414) 665-1704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #