

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000000014**

1. Entity Name  
**NORTHWESTERN INVESTMENT MANAGEMENT  
COMPANY, LLC**



Principal Place of Business

**720 E. WISCONSIN AVE., ROOM 447  
MILWAUKEE, WI 53202**

Mailing Address

**720 E. WISCONSIN AVE., ROOM 447  
MILWAUKEE, WI 53202**



02282007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**39-0509570**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**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 \_\_\_\_\_

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>THE NORTHWESTERN MUTUAL LIFE INS. CO</b>
STREET ADDRESS	<b>720 E. WISCONSIN AVE.</b>
CITY- ST- ZIP	<b>MILWAUKEE, WI 53202</b>

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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U00000678584  
04/03/07-80004-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/22/07**

Date

**414 665-3561**

Daytime Phone #