

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000396

Entity Name: CONTINENTAL 115 FUND LLC

FILED  
Mar 17, 2008  
Secretary of State

**Current Principal Place of Business:**

W134 N8675 EXECUTIVE PARKWAY  
MENOMONEE FALLS, WI 53051

**New Principal Place of Business:**

W134 N8675 EXECUTIVE PARKWAY  
ATTN: LEGAL DEPARTMENT  
MENOMONEE FALLS, WI 53051

**Current Mailing Address:**

P.O. BOX 220  
MENOMONEE FALLS, WI 53052

**New Mailing Address:**

W134 N8675 EXECUTIVE PARKWAY  
ATTN: LEGAL DEPARTMENT  
MENOMONEE FALLS, WI 53051

FEI Number: 39-1993138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: CONTINENTAL PROPERTI, ES COMPANY, IN C .  
Address: W134 N8675 EXECUTIVE PARKWAY  
City-St-Zip: MENOMONEE FALLS, WI 53051

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PAUL R. SEIFERT

VP

03/17/2008

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