## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0200001070  1. Entity Name BUELL DISTRIBUTION COMPANY, LLC							FILED  08 JAN 18 PM 1: 54  1011 AHASSEE, FLORIDA				
Principal Place of Business 3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208  Mailing Address 3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208								<i>y</i> <b></b>		<b>45.1.5.</b> 11	
2. Principal P	Place of Busin	3. Mailing Address	ng Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01092008 Chg-LLC CR2E083 (12/06)					
City & State			City & State			4. FEI Numb	Applied For   20640   Not Applicable				
Zip	Country		Zip Coun		ntry	5. Certifica		e of Status Desired		\$5.00 Add	
	6. Name	and Address of Current F				7. Name and Address of New Registered Agent Name					
C T CORP 1200 SOU PLANTATI	TH PINE I	SLAND ROAD		Street A	Street Address (P.O. Box Number is Not Acceptable)						
					City				F	Zip Cod	е
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											
FILE After May							payable to ment of Stat	ė			
9.	T.,,	MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS	/CHANGE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIEMER, 3700 WES MILWAUK			3700	SGOW, PERRY A. WEST JUNEAU AVENUE AUKEE, WI 53208						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLICKING 3700 WES MILWAUK			3700	S, CYNTHIA A. MGRM Change XX Addition D WEST JUNEAU AVENUE AUKEE, WISCONSIN 53208						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete IIIII LIONE, GAIL A NAI 3700 WEST JUNEAU AVENUE SIF MILWAUKEE, WI 53208 CIT					$\Delta$	1 /2			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3700 WES	/, TONIT M ST JUNEAU AVENUE IEE, WI 53208	☐ Delete			7	<del>၂)</del> 3 01/2	<b>00116</b> : 9/080103:	315:9 9020	□ Change   <b>=</b>   □ :=   **868	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MITZ, JAMES M BT JUNEAU AVENUE IEE, WI	<b>Del</b> ete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition
11. I hereby certify that the information supplied with this filing does not quality 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:											

Tonit M. Calaway, Assistant Secretary