



138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001071 1. Entity Name BUELL MOTORCYCLE COMPANY, LLC					
Principal Place of Business 3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208			Mailing Address 3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Ziemer, James L 3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GLASSGOW, PERRY A. 3700 WEST JUNEAU AVENUE MILWAUKEE, WISCONSIN 53208	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUELL, ERIK F 2799 BUELL DR EAST TROY, WI 53120		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 200116369232 01/29/08--01039--020 ***856.25 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLICKINGER, JON R 3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> \$71/23 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALAWAY, TONIT M 3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIONE, GAIL A 3700 WEST JUNEAU AVENUE MILWAUKEE, WI 536208		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROSTOWITZ, JAMES M 3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 			Date: 1-11-08 (414) 343-8592		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Tonit M. Calaway, Assistant Secretary					

FILED
08 JAN 18 PM 1:56
TALLAHASSEE, FLORIDA



01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 04-3620645 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required