

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001071

FILED
Feb 03, 2009
Secretary of State

Entity Name: BUELL MOTORCYCLE COMPANY, LLC

Current Principal Place of Business:

3700 WEST JUNEAU AVENUE
MILWAUKEE, WI 53208

New Principal Place of Business:

Current Mailing Address:

3700 WEST JUNEAU AVENUE
MILWAUKEE, WI 53208

New Mailing Address:

FEI Number: 04-3620645

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: MGRM () Delete
Name: ZIEMER, JAMES L
Address: 3700 WEST JUNEAU AVENUE
City-St-Zip: MILWAUKEE, WI 53208

Title: MGRM () Delete
Name: BUELL, ERIK F
Address: 2799 BUELL DR
City-St-Zip: EAST TROY, WI 53120

Title: MGRM () Delete
Name: FLICKINGER, JON R
Address: 3700 WEST JUNEAU AVENUE
City-St-Zip: MILWAUKEE, WI 53208

Title: MGRM () Delete
Name: CALAWAY, TONIT M
Address: 3700 WEST JUNEAU AVENUE
City-St-Zip: MILWAUKEE, WI 53208

Title: MGRM () Delete
Name: LIONE, GAIL A
Address: 3700 WEST JUNEAU AVENUE
City-St-Zip: MILWAUKEE, WI 536208

Title: MGRM () Delete
Name: GLASSGOW, PERRY A
Address: 3700 WEST JUNEAU AVENUE
City-St-Zip: MILWAUKEE, WI 53208

ADDITIONS/CHANGES:

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

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

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

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

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

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: TONIT M. CALAWAY, ASST. SECRETARY

MGRM

02/03/2009

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