


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000003663 1. Entity Name TEXPAR ENERGY, L.L.C.	
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Principal Place of Business 920 10TH AVENUE NORTH ONALASKA, WI 54650	Mailing Address P.O. BOX 189 ONALASKA, WI 54650
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DO NOT WRITE IN THIS SPACE



03242005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0273758	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

U00000279444
03/28/05-80065-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIRCHNER, JAMES R 920 10TH AVENUE NORTH ONALASKA, WI 54650
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KIRCHNER, JAMES R 920 10TH AVENUE NORTH ONALASKA, WI 54650
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Todd A. F...</u> TAX MGR. 3/24/05 (262) 518-1488	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		