

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90126 027 ***138.75

DOCUMENT # M03000003663

1. Entity Name
TEXPAR ENERGY, L.L.C.



Principal Place of Business
**920 10TH AVENUE NORTH
ONALASKA, WI 54650**

Mailing Address
**P.O. BOX 189
ONALASKA, WI 54650**

00021437



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. Box 809

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Onalaska, WI

4. FEI Number
20-0273758

Applied For
Not Applicable

Zip Country

Zip Country
54650

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 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
**MGR
KIRCHNER, JAMES R
920 10TH AVENUE NORTH
ONALASKA, WI 54650** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Robert Ploetz
920 10th Avenue North
Onalaska, WI 54650** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
KIRCHNER, JAMES R
920 10TH AVENUE NORTH
ONALASKA, WI 54650** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Robert P. Mathy
920 10th Avenue North
Onalaska, WI 54650** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MATHY, STEVEN C
920 10TH AVENUE NORTH
ONALASKA, WI 54650** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MATHY, SCOTT P
920 10TH AVENUE NORTH
ONALASKA, WI 54650** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

James R. Kirchner/Mgr.

04/04/08

608-779-6580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #