2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# M03000003663

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

Current Principal Place of Business:

920 10TH AVENUE NORTH
ONALASKA, WI 54650

New Principal Place of Business:

Current Mailing Address:

POB 809
ONALASKA, WI 54650

New Mailing Address:

FEI Number: 20-0273758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	MGR	( ) Delete
Name:	KIRCHNER, JAMES R	
Address:	920 10TH AVENUE NORTH	
City-St-Zip:	ONALASKA, WI 54650	
Title:	PRES	( ) Delete
Name:	KIRCHNER, JAMES R	
Address:	920 10TH AVENUE NORTH	
City-St-Zip:	ONALASKA, WI 54650	
Title:	MGR	( ) Delete
Name:	MATHY, STEVEN C	
Address:	920 10TH AVENUE NORTH	
City-St-Zip:	ONALASKA, WI 54650	
Title:	MGR	( ) Delete
Name:	MATHY, SCOTT P	
Address:	920 10TH AVENUE NORTH	
City-St-Zip:	ONALASKA, WI 54650	
Title:	VP	( ) Delete
Name:	PLOETZ, ROBERT	
Address:	920 10TH AVE N	
City-St-Zip:	ONALASKA, WI 54650	
Title:	S	( ) Delete
Name:	MATHY, ROBERT P	
Address:	920 10TH AVE N	
City-St-Zip:	ONALASKA, WI 54650	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	PLOETZ, ROBERT	
Address:	920 10TH AVENUE NORTH	
City-St-Zip:	ONALASKA, WI 54650	
Title:	SEC	(X) Change ( ) Addition
Name:	MATHY, ROBERT P	
Address:	920 10TH AVENUE NORTH	
City-St-Zip:	ONALASKA, WI 54650	

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: JAMES R. KIRCHNER MGR 04/13/2009

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