

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90330 023 ****55.00

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1. Entity Name
GMR MARKETING, LLC



Principal Place of Business
5000 S. TOWNE DR
NEW BERLIN, WI 53151

Mailing Address
5000 S. TOWNE DR
NEW BERLIN, WI 53151

DO NOT WRITE IN THIS SPACE



02242004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
22-3754606

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROTH, STEVEN
C/O RADIATE GROUP, INC
555 S FEDERAL HWY, STE 350
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	CEO CEO - MANAGER
NAME	REYNOLDS, GARY M
STREET ADDRESS	W305 1663 SILVERWOOD LANE
CITY - ST - ZIP	DELAFIELD, WI 53018
TITLE	CEO CEO - MANAGER
NAME	GERAGHTY, VIRGINIA
STREET ADDRESS	W145 N7579 NORTHWOOD DR
CITY - ST - ZIP	MENOMONEE FALLS, WI 53018
TITLE	MANAGER
NAME	TOM HARRISON
STREET ADDRESS	437 MADISON AVE.
CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	MANAGER
NAME	GERAGHTY, VIRGINIA
STREET ADDRESS	W145 N7579 NORTHWOOD DR.
CITY - ST - ZIP	MENOMONEE FALLS, WI 53018
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(i), 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:

Virginia Geraghty

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

2/26/04

Date

262-786-5600

Daytime Phone #