2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# M05000002081

Entity Name: WALTHER THREE RIVERS, LLC

Current Principal Place of Business:

52944 US 131
THREE RIVERS, MI 49093

New Principal Place of Business:

Current Mailing Address:

52944 US 131
THREE RIVERS, MI 49093

New Mailing Address:

FEI Number: 38-3639073 **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:	WALTHER, DANIEL J	
Address:	52944 US 131	
City-St-Zip:	THREE RIVERS, MI 49093	
Title:	MGRM	( ) Delete
Name:	WALTHER, DENNIS P	
Address:	52944 US 131	
City-St-Zip:	THREE RIVERS, MI 49093	
Title:	MGRM	( ) Delete
Name:	WALTHER, DAVID M	
Address:	52944 US 131	
City-St-Zip:	THREE RIVERS, MI 49093	
Title:	MGRM	( ) Delete
Name:	WALTHER, BRIAN J	
Address:	52944 US 131	
City-St-Zip:	THREE RIVERS, MI 49093	
Title:	MGRM	( ) Delete
Name:	WALTHER, GARY W	
Address:	52944 US 131	
City-St-Zip:	THREE RIVERS, MI 49093	
Title:	MGRM	( ) Delete
Name:	WALTHER, JASON M	
Address:	52944 US 131	
City-St-Zip:	THREE RIVERS, MI 49093	

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:	( ) Change ( ) Addition
Name:	
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: JASON M. WALTHER MGRM 01/23/2009

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