

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 JAN 30 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number
43-2062016

Applied For
Not Applicable

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

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LIONE, GAIL A	
STREET ADDRESS	3700 W JUNEAU AVENUE	
CITY-ST-ZIP	MILWAUKEE, WI 53208	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ZIEMER, JAMES L	
STREET ADDRESS	3700 W JUNEAU AVENUE	
CITY-ST-ZIP	MILWAUKEE, WI 53208	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BROSTOWITZ, JAMES M	
STREET ADDRESS	3700 W JUNEAU AVENUE	
CITY-ST-ZIP	MILWAUKEE, WI 53208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100086838551
CITY-ST-ZIP	02/01/07--01005--001 **500.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Gail A. Lione

1/17/07

(414) 343-8592

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

Date

Daytime Phone #

Gail A. Lione, Vice President and Secretary

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