## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT					7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
DOCUMENT # M05000002423  1. Entity Name									
H-D F&R, LLC			07 JAH 30 PM 4: 08						
Principal Place of Business Mailing Address				600 WY 18	<u> </u> 	LILLAHASS	LY OF STATE SEE, FLORIDA		
3700 W JUNEAU AVENUE		3700 W JUNEAU AVENUE				- acit Lottina	ł		
MILWAUKEE, WI 53208 MILWAUKEE, WI 53208						N 88181 81111 88411 68111 8811	II SSIM SSIM (IBM BIGIS IISP	n Mingr III renr	
Principal Place of Business - No P.O. Box #     Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152007	Chg-LLC	CR2E083 (12/06	5)	
City & State		City & State		4. FEI Numb	-	<del></del>	Applied For Not Applicable		
Zip	Country	Zip Cour		itry	5. Certificate of Status Desired Specificate of Status Desired Fee Required				
6. Na	ame and Address of Current F	Registered Agent	stered Agent Name			7. Name and Address of New Registered Agent			
CT Con	opration Sis	Hem ,		Street Address (P.O. Box Number is Not Acceptable)					
. 1200 South Mne Island Koad					(F.O. BOX NUML	Der is Not Acceptable		<del></del>	
Plantati	on, Horida	53324		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					d when reinstating)		DATE		
Filing Fe Due by I						e check payable to Department of St			
9.	MANAGING MEMBER		10.	1		ADDITIONS/			
TITLE MGR	, GAIL A	☐ Delete	TITL:	i			Change	e 🔲 Addition	
l I	3700 W JUNEAU AVENUE MILWAUKEE, WI 53208		1	ET ADDRESS -ST-ZIP	<b>1</b> ( 02/0)	10008683551 02/01/0701005001 **600.00		0.00	
TITLE MGR	TD IAMEC I	☐ Delete TITL NAM STRI				-	☐ Change	e 🗌 Addition	
1	R, JAMES L V JUNEAU AVENUE			ET ADDRESS					
1100	MILWAUKEE, WI 53208  MGR		CITY	-ST-ZIP			Change	a Addition	
I	MGR  BROSTOWITZ, JAMES M			E				e	
	3700 W JUNEAU AVENUE MILWAUKEE, WI 53208			ET ADDRESS - ST- ZIP					
TITLE		☐ Delete	TITU		•••	·	☐ Change	e 🔲 Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS					
CITY-ST-ZIP			-	-ST-ZIP					
NAME		☐ Delete	TITLI NAM	1			Change	e	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
TITLE		☐ Delete	TITL				☐ Change	e	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS					
CITY-ST-ZIP	at the inferential and the first	ship Oliver along a service (C.		-ST-ZIP	in Charter 412	Chadde Cresses 4.5	adher modification 25 - 1	efermatic -	
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.									
A. N. 14.									
SIGNATURE: (414) 343-8592 SIGNATURE AND TYPED OR FINITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone &									
Gall A. Lione, Vice President and Secretary									

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