

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005977

FILED  
May 07, 2007  
Secretary of State

Entity Name: TARGA INVESTMENTS, LLC

**Current Principal Place of Business:**

6650 UNIVERSITY AVE.  
MIDDLETON, WI 53562

**New Principal Place of Business:**

**Current Mailing Address:**

6650 UNIVERSITY AVE.  
MIDDLETON, WI 53562

**New Mailing Address:**

FEI Number: 39-1848494      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

OLMSTED, DAVID E ESQ.  
17801 MURDOCK CIRCLE, SUITE A  
PORT CHARLOTTE, FL 33948 US

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: KOTH, ROBIN F  
Address: 6650 UNIVERSITY AVE.  
City-St-Zip: MIDDLETON, WI 53562

Title: MGRM ( ) Delete  
Name: HOLMES, DENISE  
Address: 6650 UNIVERSITY AVE.  
City-St-Zip: MIDDLETON, WI 53562

**ADDITIONS/CHANGES:**

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: ROBIN F. KOTH

MGR.

05/07/2007

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