


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M06000007143 1. Entity Name CROSS COUNTRY SALES, LLC |  |
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| Principal Place of Business 10988 OLSON DRIVE EAU CLAIRE, WI 54703 | Mailing Address 10988 OLSON DRIVE EAU CLAIRE, WI 54703 |
|--|--|

DO NOT WRITE IN THIS SPACE



02022007 No Chg-LLC CR2E083 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-5902110 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent SIEBERT, VICTOR 221 FREEPORT COURT PUNTA GORDA, FL 33590 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

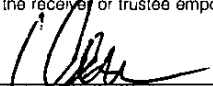
**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HANSEN, DEAN 10988 OLSON DRIVE EAU CLAIRE, WI 54703 |
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U00000634975
02/22/07-80034-011 50.00

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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:  Date: 2/5/07 Daytime Phone #: 715-835-0062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #