2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0700000041 1. Entity Name 10825 WEST DONNA DRIVE LLC				FILED 08 MAY 22 PM 12: 27			7	
Principal Place of Business 25 WEST MAIN STREET MADISON, WI 53703	Mailing Address 25 WEST MAIN STREET MADISON, WI 53703	25 WEST MAIN STREET		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business - No P.O. Box # 625 Madison Avenue, 5th F	3. Mailing Address 1. 625 Madison AM	3. Mailing Address 625 Madison Avenue, 5 th F7.						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		05132008	Chg-LLC	CR2E08	3 (12/06)	
New York NY	City & State New York	New York, NY		4. FEI Number 20-5969				Applicable
Zip 10022 Country USA	Zip 10022	Country USA		·	ate of Status Desired			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Street Address (I		P.O. Box Number is Not Acceptable)				
		City				FL	Zip Code	:
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 the obligations of registered agent.						and accept		
SIGNATURE								
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 60 liability company did not			F.S., the li	limited		ake check pa	•	
T	EMBERS/MANAGERS	10.			ADDITION	IS/CHANGES		
IIILE MGR NAME SCHNITZER, MARC D STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	625 M	ger Vine Mani Madison A Vork	Wenue, 3	th Floor 10022	Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			ber rline Affi Madison York	ordable He Avenue,	susina Atvi	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete						Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
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: Marc D. Schnitzer 5 14 08 (212) 317-5700 Dayline Phone #								



May 22, 2008

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

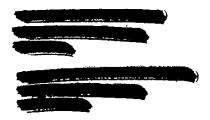
Re: Order #: 7243417 SO

Customer Reference 1: None Given

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:



10825 West Donna Drive LLC (DE) Annual Report-Foreign Florida DIVISION OF LORPORATIONS
TALL AHASSEE FLORIDA

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

