2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 02, 2008
Secretary of State

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Entity Name: AUSTRALIAN GOLD, LLC

Current Principal Place of Business:

6270 CORPORATE DRIVE
INDIANAPOLIS, IN 462782900

New Principal Place of Business:

6270 CORPORATE DRIVE
INDIANAPOLIS, IN 46278

Current Mailing Address:

6270 CORPORATE DRIVE
INDIANAPOLIS, IN 462782900

New Mailing Address:

6270 CORPORATE DRIVE
INDIANAPOLIS, IN 46278

FEI Number: 20-8474756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:	MGR	( ) Delete
Name:	HARTLIEB, LESLIE A	
Address:	6270 CORPORATE DRIVE	
City-St-Zip:	INDIANAPOLIS, IN 462782900	
Title:	MGR	( ) Delete
Name:	PIPP, WILLIAM J	
Address:	7445 COMPANY DRIVE	
City-St-Zip:	INDIANAPOLIS, IN 462379296	
Title:	MGR	( ) Delete
Name:	KEIFFNER, JOHN	
Address:	6270 CORPORATE DRIVE	
City-St-Zip:	INDIANAPOLIS, IN 462782900	
Title:	MGR	( ) Delete
Name:	HILBERT, STEPHEN C	
Address:	6270 CORPORATE DRIVE	
City-St-Zip:	INDIANAPOLIS, IN 462782900	
Title:	MGR	( ) Delete
Name:	HILBERT, TOMISUE S	
Address:	6270 CORPORATE DRIVE	
City-St-Zip:	INDIANAPOLIS, IN 462782900	
Title:	MGR	( ) Delete
Name:	ADAMS, JAMES S	
Address:	6270 CORPORATE DRIVE	
City-St-Zip:	INDIANAPOLIS, IN 462782900	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: LESLIE A HARTLIEB MGR 01/02/2008

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