

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003154

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**Entity Name:** 1919 MIDDLE GULF DRIVE, LLC

**Current Principal Place of Business:**

1120 LONE TREE ROAD  
ELM GROVE, WI 53122

**New Principal Place of Business:**

**Current Mailing Address:**

1120 LONE TREE ROAD  
ELM GROVE, WI 53122

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CAPES, DANIEL K  
4001 TAMiami TRAIL NORTH, SUITE 200  
DUNWODY, WHITE & LANDON, P.A.  
NAPLES, FL 34103 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: LARSON, JOHN E  
Address: 1120 LONE TREE ROAD  
City-St-Zip: ELM GROVE, WI 53122

**ADDITIONS/CHANGES:**

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: JOHN E. LARSON

MGR

01/12/2009

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