## FILE NOW: Fee after May 1, will be \$588.75

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の Maria Carlo Ca

ANNUAL REPORT  1997  FLORIDA DEPARTMENT OF STATE  Sandra B. Martham  Secultary of State  DIVISION OF CORPORATIONS					97 MAR 31 MM 9: NI		
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							
Name and Mailing Address of Limited Liability Company     DOCUMENT #M9600000378						SECRE TALLAH	TARY OF STATE LASSEE FLORIDA
F	SAFE HARBOR GROUD P.O. BOX 179 NASHOTAH WI 53050					33092 WA	ace of Business Address TERTOWN PLANK ROAD WI 53058
If above mailing address is Incorrect in any way, tine through Inco.  2. Principal Place of Business 2a.			rrect information and enter correction in Block 2a. Mailing Address			3. Date Organiz	red or Qualified 3a. State of Formation
Suite, Ap	t. #, etc.	Suite, A	Suite, Apt. #, etc.			10/01/19 4. FEI Number	96 WT Applied For
City & St	ate	City & S	City & State			39-183	
<b>Ž</b> ip	Country	Zip		Count	ry	5. Date of Last I	Report 6. Certificate of Status Desired SB.75 Additional Fee Required
	7. Name and Address of Cu	rrent Registere	d Agent		1	8. Name and Add	dress of New Registered Agent
1200	CORPORATION SYSTE SOUTH PINE ISLANDANCE CATION FL 33324		Name Street Address Suite, Apt. #, et.		(P.O. Box Number is Not Acceptable)		
			City			8000021297785 -04701/37cm31033013 **#203.75 ****203.75	
its registe	ered office or registered agent, or both ered egent, and accept the obligation	, in the State of Fi	orida. Such chai	nge was a		ative vote of a majorii	submits this statement for the purpose of changin ity of the members. I hereby accept the appointmen DATE
10. Title	Managing Members/Ma	(NOTE HOGISTORE)	Business Street Address				
MGR	PAKALSKI, DAVID	A	33092 N	IATER	RTOWN PLA	NK ROAD I	DASHOTAH WI
MGR	WEBER, DAVID A		33092 W	VATEF	RTOWN PLA	ANK ROAD I	VASHOTAH WI
•			1				
•	<b>.</b>						
-	],						
indicated limited lia!	on this annual report is true and accu	rate and that my	signature shall	have the a	same legal effect a:	s if made under oath	Florida Statutes. I further certify that the information in that I am a managing member or manager of the is; and that my name appears in Block 10, or on an
SIGN	NATURE:	All	uc	2			B/2497 414-367-3999
	SUDMATURE TA	IN TYPEN OR PRINTER	NAME OF SIGNING	MANAGING	MEMBER OR MANAGER		Date Daytime Phone #