APPROVED ALID

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9800000841					00 MAY 22 AM 9: 17			
WENN/SC	OFT, L.L.C.							
					_	SECRETARY OF S TALL AHASSEE, FL	STATE. - ORIDA	
Principal Place of Business Mailing Address						TALLAHMOOLG	201.1011	
5355 S. MOORLAND RD. PO BOX 511187 NEW BERLIN WI 53151 NEW BERLIN WI 53151-11			1197	187				
NEW DEALIN	111 30131		1101			I ANDANSIA KIN ANALI MUKA NUKA NUKA NUKA	)	N <b>a (                                  </b>
					_			
2. Principal Place of Business		3. Mailing Address			( taging it a later latin and a serie and a serie and a serie and a serie and			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEII	Number 39-1814014	<b>├</b>	Applied For
Zip	Country	Zip	Country		5. Cert	ificate of Status Desired	\$5.00 A	dditional
	6. Name and Address of Curren	t Registered Agent		1		e and Address of New Regist	1 Jee Hedal	red
o. Hanie and Address of Odifern Registered Agent				Name	<del></del>			
CORPORATION SERVICE COMPANY				Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET								<u></u>
TALLAHASSEE FL 32301-2525				City Zip Code				
		·		<u> </u>			FL Zip Co	
8. The above	named entity submits this statement	for the purpose of changing i	is register	ed office or regist	ered agent,	or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered ager	A section is a section to the section of the sectio	TE: Decistors	d Agent signature requir	ed when rejector	ina	DATE	
	Signature, typed or printed name or registered ager	nt and title it applicable. (NC	/re: negistere	ng Agent agnature reduit	ed when temsta			
	•			FEE IS \$50.00				
		Make Check P	ayable t	o Department	DI SIBIE	ĺ	•	
9.	MANAGING MEM		10.			ADDITIONS/CHA		
TITLE Name	MGR Wenninger, James R	Celeta	r TITL				Change The Change	_ 1
STREET ADDRESS				EET ADDREES	-06/09/0001100006			
CITY-ST-ZIP	NEW BERLIN WI 53151			8T- ZIP		*****5		
FITLE NAME	MGR WENNINGER, RICHARD E	☐ Delete	TITL NAM	i			Change	ootifibbA
TREET ADDRESS	16875 W. RYERSON RD.			EET ADDRESS				
HTY-8T-ZIP	NEW BERLIN WI 53151	☐ Qelete	TITL	- 8T- ZIP			Change	Addition
IITLE NAME	MGR LILEK, MICHAEL P		NAN			· · · · · · · · · · · · · · · · · · ·		, D Reminer
STREET ADDRESS	5355 S. MOORLAND RD.			EET ADDRESS - ST-ZIP				
CITY-8T-ZIP CITUE	NEW BERLIN WI 53151 MGRM	☐ Delete	TITL					Addition
VAME	RONK, MICHAEL R		NAM	1				_
BTREET ADDRESS CITY-8T-ZIP	16875 W. RYERSON RD.			ET ADORESS - ST- ZIP				,
ITLE	NEW BERLIN WI 53151	☐ Delete	ım	<del></del>			Change	Addition
NAME É		-	NAM					
STREET ADDRESS! CITY-ST-ZIP		,		EET ADDRESS - ST-ZIP		1		1
MTLE ,		☐ Delete	TITL	E .			Change	Addition .
NAME		•	NAM	IE EET ADDRESS				
STREET ADDRESS CLTY-ST-ZIP			- 1	- ST- ZIP				
11. I hereby o	certify that the information supplied wi	th this filing does not qualify t	or the exe	mption stated in	Section 119	07(3)(i), Florida Statutes. I furth	ner certify that the	e information
indicated limited lia	on this report is true and accurate an bility company or the receiver or trust	o mat my signature shall have ee empowered to execute this	e me sam s report as	ਚ iegai eπect as if s requíred by Cha	made unde ipter 608, Fl	r oam; mai i am a managing r orida Statutes.	nember or mana(	ger or the