



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90128 012 ****50.00

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|---|---|---|--|---|--|
| DOCUMENT # M98000001050 1. Entity Name BADGER ACQUISITION OF BROOKSVILLE LLC | | | |  | |
| Principal Place of Business 100 E RIVERCENTER BLVD., STE 1600 COVINGTON, KY 41011 | | | Mailing Address 1717 DIXIE HWY SUITE 800 FT WRIGHT, KY 41011 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address 100 E. Rivercenter Blvd. Suite, Apt. #, etc. Suite 1600 City & State Covington, Ky Zip Country 41011 U.S.A. | |  | |
| | | 04212004 Chg-LLC CR2E083 (10/03) | | 4. FEI Number 52-2119870 | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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 accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BADGER ACQUISITION LLC 1717 DIXIE HWY SUITE 800 FT WRIGHT, KY | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Badger Acquisition, LLC 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FINN, TRACY 100 EAST RIVER CENTER BLVD., SUITE 1500 COVINGTON, KY 41011 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Finn, Tracy 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ABBOTT, BRADLEY S 1717 DIXIE HWY SUITE 800 FT WRIGHT, KY | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Abbott, Bradley S. 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROBBINS, REGIS 100 EAST RIVER CENTER BLVD., SUITE 1500 COVINGTON, KY 41011 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Robbins, Regis T. 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MARSH, THOMAS R 1717 DIXIE HWY SUITE 800 FT WRIGHT, KY | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Marsh, Thomas R. 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WEEKS, JOE 100 E RIVERCENTER BLVD., 1600 COVINGTON, KY 41011 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Bradley S. Abbott</u> <u>Bradley S. Abbott</u> 04/22/2004 859-392-3347 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |