

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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
**100 E RIVERCENTER BLVD., STE 1600
SUITE 800
COVINGTON, KY 41011**



04252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2119870

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BADGER ACQUISITION LLC
100 EAST RIVERCENTER BLVD, STE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
FINN, TRACY
100 EAST RIVERCENTER BLVD, STE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
ABBOTT, BRADLEY S
100 EAST RIVERCENTER BLVD, STE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
ROBBINS, REGIS
100 EAST RIVERCENTER BLVD, STE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MARSH, THOMAS R
100 EAST RIVERCENTER BLVD, STE 1600
COVINGTON, KY 41011**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
WEEKS, JOE
100 E RIVERCENTER BLVD., 1600
COVINGTON, KY 41011**

U00000540976
05/10/06-80038-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 638, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Thomas R. Marsh

04/26/2006

(859) 392-3463

Date

Daytime Phone #