

FILED
Apr 26, 2007 8:00 am
Secretary of State

[illegible]

DOCUMENT # M98000001050						04-26-2007 90029 049 *****50.00	
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			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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, 2007				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 100 EAST RIVERCENTER BLVD, STE 1600 COVINGTON, KY 41011 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR FINN, TRACY 100 EAST RIVERCENTER BLVD, STE 1600 COVINGTON, KY 41011 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR ABBOTT, BRADLEY S 100 EAST RIVERCENTER BLVD, STE 1600 COVINGTON, KY 41011 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR ROBBINS, REGIS 100 EAST RIVERCENTER BLVD, STE 1600 COVINGTON, KY 41011 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR MARSH, THOMAS R 100 EAST RIVERCENTER BLVD, STE 1600 COVINGTON, KY 41011 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 checked="" 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 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 608, Florida Statutes.							
SIGNATURE:  Thomas R. Marsh				04/23/2007 (859) 392-7358			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			