2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M9800001050

BADGER ACQUISITION OF BROOKSVILLE LLC

May 02, 2003 8:00 am Secretary of State

05-02-2003 90587 028 ****50.00

L		··	ĭ/	- COD TO						
Principal Place of Business		Mailing Address				.) WHD 4.7.4.7				
1209 ORANGE STREET		1717 DIXIE HWY			טטטוגוג					
1-47 4		SUITE 800			·]					
l		FT WRIGHT KY 41011			ļ	1 (86)				(III Ba ((IB E)
					<u> </u>					
2. Principal Place of Business 3. Mailing Address					j			IN OUR VER		
100 E. Rivercenter Blvd.										
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
Ste. 1600										
City & State City & State						4. FEI Num	1ber 52-2119870			plied For
<u> GOAIN</u>		7	7in Carreter							t Applicable
zip 41011	Country	Zip	Zip Country			5. Certifica	ite of Status Desired		5.00 Add	
6. Name and Address of Current Registered Agent				~		7 Nome o	and Address of New Par			<u> </u>
	6. Name and Address of Current H		7. Name and Address of New Registered Agent Name							
CORPORATION SERVICE COMPANY										
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32301-2525										{
	2 1 3 10 3 2 2 1 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3			}						į.
				City				Fi	Zip Cod	
								FL		
	named entity submits this statement for	the purpose of changing its	egistere	ed office o	r registere	d agent, or b	ooth, in the State of Florid	ia. I am fa	miliar with,	and accept
the obligat	ions of registered agent.)
SIGNATURE										
 _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	Registered	Agent signat	ure required w	when reinstating)		DATE		
<i>\$</i> **		FILE NO	W!!! F	EE IS \$	50.00					1
Make Check Payable to					partmen	t of State				
`ı' Due By N					•					{
9.	MANAGING MEMBER				ADDITIONS/CI	HANGES				
TITLE	MGRM	Delete	10.		Man	ager	ADDITIONATOR		☐ Change	Addition
NAME	BADGER ACQUISITION LLC	□ Delete	NAM							Addition
STREET ADDRESS	1717 DIXIE HWY SUITE 800		•	- et address	LDOE	Week	s ercenter Blvd.	HADD		{
CITY-ST-ZIP				ST-ZIP	1	- 2116	TON TOTAL	, (000		ł
TITLE	MGR		TITLE	<u> </u>	COUL	nazov.	KY 41011		Change	Addition
NAME	FINN, TRACY	☐ Delete	NAMI		ļ				☐ Change	L Addition
STREET ADDRESS	100 EAST RIVER CENTER BLVD.,	SHITE 1600		et address	}					}
CITY-ST-ZIP	COVINGTON KY 41011	SOME 1900		-ST-ZIP	}					ļ
	MGR		-						C1 Change	Addition
TITLE NAME	1	☐ Delete	TITLE		Ì				Change	☐ Addition
	ABBOTT, BRADLEY S									
STREET ADDRESS ! City-St-Zip	1717 DIXIE HWY SUITE 800			et address ·st-zip	}					ì
	FT WRIGHT KY		+							
TITLE	MGR	☐ Delete	TITLE						Change	☐ Addition
NAME	ROBBINS, REGIS	A11000	NAM		l i					ļ
STREET ADDRESS CITY-ST-ZIP	100 Exerting Settler Beto., Softe 1000			ET ADDRESS						
OCTINATION RT FIOTI				ST-ZIP						
TITLE	MGR	☐ Delete	TITLE					,	Change	Addition
NAME	MARSH, THOMAS R		NAMI		Ì		-			
STREET ADDRESS	1717 DIXIE HWY SUITE 800			ET ADORESS						
CITY-ST-ZIP	FT WRIGHT KY		CITY-	ST-ZIP						
TITLE		Delete	TITLE		ļ				Change	☐ Addition
NAME			NAME							
STREET ADDRESS			STRE	T ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						1

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