

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


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90587 029 \*\*\*\*50.00

0071194

**DOCUMENT # M98000001051**

1. Entity Name  
**BADGER ACQUISITION OF ORLANDO LLC**



Principal Place of Business      Mailing Address  
**1209 ORANGE STREET  
WILMINGTON DE 19801**      **1717 DIXIE HWY  
SUITE 800  
FT WRIGHT KY 41011**

**30067271**



2. Principal Place of Business      3. Mailing Address  
**100 E. Rivercenter Blvd.**      Suite: Apt.: #, etc.      **217 218**  
**Ste. 1600**      City & State      **217 218**  
**Covington, Ky**      City & State  
Zip      Country      Zip      Country  
**41011**      **USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number      **52-2119896**      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**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BADGER ACQUISITION LLC 1717 DIXIE HWY SUITE 800 FT WRIGHT KY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FINN, TRACY 100 EAST RIVER CENTER BLVD., SUITE 1500 COVINGTON KY 41011</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ABBOTT, BRADLEY S 1717 DIXIE HWY SUITE 800 FT WRIGHT KY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROBBINS, REGIS 100 EAST RIVER CENTER BLVD., SUITE 1500 COVINGTON KY 41011</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MARSH, THOMAS R 1717 DIXIE HWY SUITE 800 FT WRIGHT KY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Bradley S. Abbott*      **Bradley S. Abbott**      **4/15/2003**      **(359) 392-3347**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)