


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 16 AM 9:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001620 E.L.K. IV LLC 16620 WEST BLUEMOUND ROAD, SUITE 500 BROOKFIELD WI 53005		1a. Principal Place of Business Address 16620 WEST BLUEMOUND ROAD, S BROOKFIELD WI 53005			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/28/1998 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent COOPER, STEVEN R 6204 14TH STREET WEST BRADENTON FL 34207			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <i>Steven R Cooper</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's Signature Required when reappointing)</small>			DATE 03/01/99		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	MARVIN & JOAN COOPER,	16620 WEST BLUEMOUND ROAD,		BROOKFIELD WI	
MGRM	COOPER, CRAIG A	16620 WEST BLUEMOUND ROAD,		BROOKFIELD WI	
MGRM	RUSSELL, G.E.	16620 WEST BLUEMOUND ROAD,		BROOKFIELD WI	
MGRM	KUYERS 1996 JOINT RE,	16620 WEST BLUEMOUND ROAD,		BROOKFIELD WI	
MGRM	DEJONG, ROBERT J	16620 WEST BLUEMOUND ROAD,		BROOKFIELD WI	
<i>1/3-22-99</i>					
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Michael J. Jorgensen</i> <small>SIGNATURE AND TYPE PRINTED NAME OF SECRETARY OF STATE OR MANAGING MEMBER</small>					