.2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

| DOCUMENT # M9900000240 1. Entity Name MLG MANAGEMENT, LLC | | | | | | | TALLAHASSEE. FLORIDA 08 MAY 16 AM 8: 35 | | | | |
|---|---|---------------------------------------|--|--------------|---|-------------------|---|---------------------------------|--------------|-----------------------------------|-------------------|
| Principal Plac 13400 BISHI SUITE 100 BROOKFIELD | OP'S LANE | | Mailing Address 13400 BISHOP'S LANE SUITE 100 BROOKFIELD, WI 53005 | | | | | ## 16178 1811) B### B##! B# | | | 11 12 |
| 2. Principal P | Place of Busin | ess - No P.O. Box # | 3. Mailing Address | | · | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 05072008 | Chg-LLC | CR2E0 | 083 (12/06) | | |
| City & State | | | City & State | | | | l | | | plied For t Applicable | |
| Zip | | Country | Zip | Coun | ntry | | 5. Certificate of Status Desired | | | \$5.00 Additional Fee Required | |
| | 6. Name | and Address of Current I | Registered Agent | l . | | | 7. Name an | d Address of New I | Registered A | Agent | |
| BENNETT, SUSAN FLEMING ESQ 401 E JACKSON STREET SUITE 2200 TAMPA, FL 33602 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | City | | | | FL | Zip Cod | 9 |
| SIGNATURE | | or printed name of registered agent a | nd sile if applicable. (NOI | E: Registere | ed Agent signa | ure required | | 1 | DATE | **50.00 | |
| 9. | | MANAGING MEMBE | RS/MANAGERS | 10. | | | | ADDITIONS | /CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OSZKANDY, CHESTER J 13400 BISHOP'S LANE SUITE 100 SIE | | | | _ | 335 | STER J 05ZKANDY THOJEM LANE YSLAKE IL 60030 | | | | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | TIME | TD OTHYJ SO PRA | WALLEN IRIE CT WI 5300 | | Change | ⊠ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | D BRUC 900 | EN WE | STLING ERNOOK LI NI 53217 | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | 710 MEG | M HAD | CHAVIN DONSTONE NI 53092 | € PL | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | AST AND WA9 |) REW C: 10 N 36 | | TRES | ☐ Change | X Addition |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | ☐ Delete | | IE | 555 | PARK | S ZIMME CIRCLE S WI 530 | | Change | Addition |
| indicatód | t on this rang | trie true and accurate and | this filing does not qualify to that my signature shall have empowered to execute this | the same | e legal effe | et as if m | eade under oat | th: that I am a mana | nina membe | r or manage | of the |

SIGNATURE:

SIGNATURE:

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

Date

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2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

| 1. Entity I | CUMENT # M9900000 Name MANAGEMENT, LLC | 00240 | | | | | | |
|---------------------|---|---------------------------------|------------------------|--|---------------------------------------|---|---------------------|---------------------------------------|
| Principal I | Place of Business | Mailing Address | | | 7 | | | |
| f . | ISHOP'S LANE | _ | ~ | | | | | |
| SUITE 10 | | 13400 BISHOP'S LAN SUITE 100 | t. | | 1 | | | |
| | ELD, WI 53005 | BROOKFIELD, WI 530 | 0E - | | 1 | | | |
| DROOM | CED, WE SSOOD | DRUUNTIELU, INI 330 | U3 | | Į. | | | |
| 2. Principa | al Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | 44 (*) |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 05072008 | Chg-LLC | CR2E083 (12 | V06) |
| City & S | tate | City & State | | | 4. FEI Number | | | Applied For |
| 1 | | | — | | 39-182759 | on | - | |
| Zip | Country | 72 | Causala | | 39-102/3 | 2U | **** | Not Applicable |
| 2,10 | Country | Zip | Country | | 5. Certificate of S | tatus Desired | ☐ \$5.00 Fee Re | Additional |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and Add | iress of New Re | gistered Agent | |
| | | | Nan | 18 | | | | |
| | T, SUSAN FLEMING ESQ | | - | | | | | · · · · · · · · · · · · · · · · · · · |
| | CKSON STREET | | Stre | et Address (F | 2.O. Box Number is | Not Acceptable) | | |
| SUITE 22 | | |) — | | | | | |
| TAMPA, | FL 33602 | | 1 | | | | | 1 .4 |
| | | | City | | · | | FL Zip | Code |
| | | | | | | <u> </u> | | |
| | e named entity submits this statement for | the purpose of changing its i | registered offic | a or registere | ed agent, or both, in | the State of Flori | da. I am familiar i | with, and accept |
| tue opiiĝa | ations of registered agent. | | = | | | | | |
| SIGNATURE | -ر | | <i>_</i> | | * | | * | ÷ |
| Sign Williams | Signature, typed or printed name of registered agent as | nd title II applicable. (NOTE- | Registered Appent of | oneture required v | her relatating) | | DATE | |
| Α | mended AR is \$50.00 | | | | | i Poine | | |
| 9. | MANAGING MEMBER | S/MANAGERS . | 10. | | | ADDITIONS/C | HANGES | |
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^{11.} I hereby certify that the information supplied with this fitting 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 menaging 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.