

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # M99000000240



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:35

1. Entity Name
MLG MANAGEMENT, LLC

Principal Place of Business
13400 BISHOP'S LANE
SUITE 100
BROOKFIELD, WI 53005

Mailing Address
13400 BISHOP'S LANE
SUITE 100
BROOKFIELD, WI 53005

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

05072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
39-1827590

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

200129665272
05/16/08--01009--015 **\$50.00

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OSZKANDY, CHESTER J
13400 BISHOP'S LANE SUITE 100
BROOKFIELD, WI 53005 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHESTER J OSZKANDY
335 HOJEM LANE
GRAYSLAKE IL 60030 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO TD
TIMOTHY J WALLEN
16550 PRAIRIE CT
BROOKFIELD WI 53005 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRUCE N WESTLING
900 W CLOVERDOCK LN
GLENDALE WI 53217 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARRY S CHAVIN
710 W HADDONSTONE PL
MEQUON WI 53092 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASD
ANDREW C. TESKE
W290 N3665 TALL TREE CT
PEWAUKEE WI 53072 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
MICHAEL S ZIMMER
555 PARK CIRCLE
ELM GROVE WI 53022 ☐ Change ☒ 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:

Andrew C. Teske Assistant Secretary


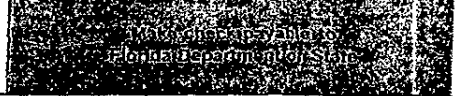
5/7/09 2ND PAGE (262) 797-9400

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

Date

Daytime Phone #

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

| | | | | | |
|---|---------------------------------|---|---|--|--|
| DOCUMENT # M99000000240 | | | |  | |
| 1. Entity Name MLG MANAGEMENT, LLC | | | | | |
| Principal Place of Business 13400 BISHOP'S LANE SUITE 100 BROOKFIELD, WI 53005 | | | Mailing Address 13400 BISHOP'S LANE SUITE 100 BROOKFIELD, WI 53005 | | |
| 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 | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Amended AR is \$50.00 | |  | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | J MICHAEL MOONEY N57 W30590 STEVENS RD HARTLAND WI 53029 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VFB WILLIAM PAUL WITTER 2041 LAKEWOOD DR DUNEDIN FL 34698 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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