2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000000325

1. Entity Name
GAVIN CO., L.C.

Principal Place of Business	Mailing Address
190 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	1220 INDUSTRIAL AVE HIAWATHA, IA 52233

DO NOT WRITE IN THIS SPACE

02032006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3563222

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INCORP SERVICES, INC.
18450 NE 2ND AVE
MIAMI, FL 33179

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GAVIN, JOHN J JR.
STREET ADDRESS	1220 INDUSTRIAL AVE
CITY-ST-ZIP	HIAWATHA, IA 52233
TITLE	MGRM
NAME	FREDERIKSON, DAVID
STREET ADDRESS	1119 REGIS COURT
CITY-ST-ZIP	EAU CLAIRE, WI 54701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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02/23/06-80077-014 50.00

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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: John J. Gavin, Jr. 2-7-06 319-366-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #