

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 190 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	Mailing Address 1220 INDUSTRIAL AVE HIAWATHA, IA 52233
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02032006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3563222	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent INCORP SERVICES, INC. 18450 NE 2ND AVE MIAMI, FL 33179

**DO NOT WRITE
IN THIS SPACE**

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 _____

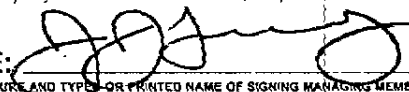
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAVIN, JOHN J JR. 1220 INDUSTRIAL AVE HIAWATHA, IA 52233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FREDERIKSON, DAVID 1118 REGIS COURT EAU CLAIRE, WI 54701
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000000432673
02/23/06-80077-014 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:  John J. Gavin, Jr.
2-7-06 319-366-7661

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