


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000000721 1. Entity Name DOHMEN DISTRIBUTION PARTNERS SOUTHEAST, L.L.C.	
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Principal Place of Business 3950 VALLEY EAST INDUSTRIAL DRIVE BIRMINGHAM, AL 36109	Mailing Address P.O. BOX 1006 GERMANTOWN, WI 53022
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07062004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2730473	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOHMEN, JOHN W194N1381 MCCORMICK DRIVE GERMANTOWN, WI 53022
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOHMEN, ROBERT W194N1381 MCCORMICK DRIVE GERMANTOWN, WI 53022
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEARSON, TRACY W194N1381 MCCORMICK DRIVE GERMANTOWN, WI 53022
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09/08/04-80009-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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: _____

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

Date

Daytime Phone #

Tracy C. Pearson **Tracy C. Pearson** 7/14/04