### **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

#### DOCLIMENT # P9700070136



Mar 02, 2006 8:00 am Secretary of State 03-02-2006 90010 020 \*\*\*150.00

1. Entity Nam	INTENT # F 97 00 00 7 0			05 02 2000	20010 01	20 12	0.00				
Principal Plac	e of Business	Mailing Address			<b>∣ 4</b> 002	2681					
710 NORTH PLANKINTON AVENUE SUITE 1200 MILWAUKEE, WI 53203		710 NORTH PLANKINTON AVENUE SUITE 1200 MILWAUKEE, WI 53203					is aarsii i <b>ta</b> gi <b>aa</b>	21 fiššiā (ji) p gj	ITOM IL PARI		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.		02012006	Chg-P	CR2E0:	34 (11/05)				
City & State	<del></del>	City & State				4. FEI Number Applied Fc 39-1903996 Not Applie		oplied For ot Applicable			
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		\$8.75 Add Fee Require			
	6. Name and Address of Current	Registered Agent	1		7. Name and	Address of New R		<u>·</u>			
CICORP	DODATION SYSTEM			Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)							
				City				Zip Cod			
							FL	1			
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing it	s registere	ad office or registe	ered agent, or bot	h, in the State of Flo	orida. I am f	amiliar with,	and accept		
SIGNATURE											
	- agration, typica or premior runto or registerio eigent	and the nappacable. (NO	TE: Hegistere	a Agent signature require	od when reinstating)		DATE				
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Madigan, Vice President 02/16/06 414-274-2433

Daytime Phone #

# ATTACHMENT 40022681

## TOWNE DEVELOPMENT OF INDIAN ROCKS, INC. DOCUMENT (#P97000070136)

### **Additional Directors/Officers**:

D ZILBER, JOSEPH J. 710 N. PLANKINTON AVE., SUITE #1200 MILWAUKEE, WI 53203

P WIGCHERS, ARTHUR W. 710 N. PLANKINTON AVE., SUITE #1200 MILWAUKEE, WI 53203

V/AS BENNETT, BRENDA C. 1000 SHOREWOOD DRIVE, #200 CAPE CANAVERAL, FL 32920

V GRANDLICH, JOHN R. 710 N. PLANKINTON AVE., SUITE #1100 MILWAUKEE, WI 53203

V KEARNEY, KITT E R. 8430 ENTERPRISE CIRCLE, SUITE #130 BRADENTON, FL 34202

V/AS MADIGAN, MARK S. 710 N. PLANKINTON AVE., SUITE 1200 MILWAUKEE, WI 53203

AS DeLISLE, SANDRA J. 710 N. PLANKINTON AVE., SUITE#1200 MILWAUKEE, WI 53203