

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001319

FILED
Apr 24, 2006
Secretary of State

Entity Name: DCG RESOURCE OPTIONS, LLC

Current Principal Place of Business:

145 COMMERCIAL ST
PORTLAND, ME 04101

New Principal Place of Business:

Current Mailing Address:

6300 OLSON MEMORIAL HIGHWAY
MN010-E151
GOLDEN VALLEY, MN 55427

New Mailing Address:

FEI Number: 01-0518346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAIGLE, DAVID
Address: 145 COMMERCIAL ST
City-St-Zip: PORTLAND, ME 04101 US

Title: MGR () Delete
Name: MURRAY, BRIAN C
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343 US

Title: MGR () Delete
Name: SPARKMAN, DAVID L
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ROEHRICK, CHARLES T
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: DAIGLE, DAVID P
Address: 145 COMMERCIAL STREET
City-St-Zip: PORTLAND, ME 04101

Title: MGRM () Change (X) Addition
Name: OBERRENDER, ROBERT W
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: MGRM () Change (X) Addition
Name: RYAN, TIMOTHY F
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY F. RYAN

MGRM

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date