

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 25 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **MO1000001040**

1. Entity Name
WELSH FLORIDA, LLC

Principal Place of Business

C/O INVESTCORP
280 PARK AVENUE, 37 WEST
NEW YORK NY 10017

Mailing Address

C/O INVESTCORP
280 PARK AVENUE, 37 WEST
NEW YORK NY 10017

2. Principal Place of Business

255 S. Orange Ave

3. Mailing Address

8200 Normandale Blvd

(Suite) Apt. #, etc.

1300

(Suite) Apt. #, etc.

200

City & State

Orlando FL

City & State

Minneapolis MN

Zip

32801

Country

USA

Zip

55427

Country

USA

4. FEI Number

13-4083345

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/Vice Pres. MGRM <input type="checkbox"/> Delete Doyle, Dennis J. 8200 Normandale Blvd, #200 Minneapolis MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Tres. MGR <input type="checkbox"/> Delete Kane, Jean V 8200 Normandale Blvd, #200 Minneapolis MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice Pres. MGR <input type="checkbox"/> Delete Lawrence, Susan H 8200 Normandale Blvd, #200 Minneapolis MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003342473--7 -08/01/00--01076--005 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(952) 897-7700

CR2E03 (5/00)