


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90019 016 ****50.00

DOCUMENT # M01000002619					
1. Entity Name OSBORNE PROPERTIES GP, LLC					
Principal Place of Business 523 SOUTH 8TH STREET MINNEAPOLIS, MN 55404			Mailing Address 523 SOUTH 8TH STREET MINNEAPOLIS, MN 55404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2019862	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGELSMA, BRUCE W MGR		NAME	Kennedy, Patrick D.	
STREET ADDRESS	523 SOUTH 8TH STREET		STREET ADDRESS	420 Gateway Boulevard	
CITY-ST-ZIP	MINNEAPOLIS, MN 55404		CITY-ST-ZIP	Burnsville, MN 55337	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGELSMA, DANIEL W MGR		NAME	Reuder, Thomas M.	
STREET ADDRESS	4210 WEST OLD SHAKOPEE ROAD		STREET ADDRESS	420 Gateway Boulevard	
CITY-ST-ZIP	BLOOMINGTON, MN 55437		CITY-ST-ZIP	Burnsville, MN 55337	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIESSNER, DENNIS G MGR		NAME	Schmidt, Patricia	
STREET ADDRESS	420 GATEWAY BOULEVARD		STREET ADDRESS	420 Gateway Boulevard	
CITY-ST-ZIP	BURNSVILLE, MN 55337		CITY-ST-ZIP	Burnsville, MN 55337	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, MAUREEN A MGR		NAME	Johnson, Pamela	
STREET ADDRESS	420 GATEWAY BOULEVARD		STREET ADDRESS	420 Gateway Boulevard	
CITY-ST-ZIP	BURNSVILLE, MN 55337		CITY-ST-ZIP	Burnsville, MN 55337	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMPF, MARK N MGR		NAME	Kampf, Brian J.	
STREET ADDRESS	420 GATEWAY BOULEVARD		STREET ADDRESS	420 Gateway Boulevard	
CITY-ST-ZIP	BURNSVILLE, MN 55337		CITY-ST-ZIP	Burnsville, MN 55337	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANTHE, ROSEMARY A MGR		NAME	Cooper, Julie	
STREET ADDRESS	523 SOUTH 8TH STREET		STREET ADDRESS	420 Gateway Boulevard	
CITY-ST-ZIP	MINNEAPOLIS, MN 55404		CITY-ST-ZIP	Burnsville, MN 55337	
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: <i>Rosemary A. Manthe</i>			Rosemary A. Manthe		4-20-05 612-332-7281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #