


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002540
 1. Entity Name
 LOST ACRES INVESTMENTS LLC



Principal Place of Business
 7392 AIRPORT VIEW DR SW
 #200
 ROCHESTER, MN 55902

Mailing Address
 P.O. BOX 249
 ROCHESTER, MN 55903

DO NOT WRITE IN THIS SPACE



03302004 No Chg-LLC CR2E083 (10/03)

4. FBI Number 68-0517159	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

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

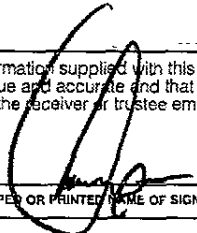
Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, EDWARD D 658 NW 3RD STREET ROCHESTER, MN 55901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FITZPATRICK, DANIEL 8770 FITZPATRICK LANE ROCHESTER, MN 55901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHNEIDER, SCOTT 532 73RD STREET NW ROCHESTER, MN 55901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAFOULIAS, ANDREW C 7392 AIRPORT VIEW DR SW ROCHESTER, MN 55902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000149716
 05/03/04-80198-006 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)(f), 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: 4/27/04 Daytime Phone #: (507) 885-5882