

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90692 013 ****50.00

0074284

DOCUMENT # M02000002540

1. Entity Name
LOST ACRES INVESTMENTS LLC



Principal Place of Business Mailing Address

**36 WOOD LAKE DRIVE SOUTHEAST
ROCHESTER MN 55904** **36 WOOD LAKE DRIVE SOUTHEAST
ROCHESTER MN 55904**

2. Principal Place of Business 3. Mailing Address

7392 Airport View Dr SW **PO Box 249**

Suite, Apt. #, etc. Suite, Apt. #, etc.

#200

City & State City & State

Rochester, MN **Rochester, MN**

Zip Country Zip Country

55902 **USA** **55902** **USA**

4. FEI Number **68-0517159** Applied For

Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CLARK, EDWARD D	
STREET ADDRESS	658 NW 3RD STREET	
CITY-ST-ZIP	ROCHESTER MN 55901	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FITZPATRICK, DANIEL	
STREET ADDRESS	8770 FITZPATRICK LANE	
CITY-ST-ZIP	ROCHESTER MN 55901	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCHNEIDER, SCOTT	
STREET ADDRESS	532 73RD STREET NW	
CITY-ST-ZIP	ROCHESTER MN 55901	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CHAFOULIAS, ANDREW C	
STREET ADDRESS	111 SOUTH BROADWAY #301	
CITY-ST-ZIP	ROCHESTER MN 55904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7392 Airport View Dr SW #200	
CITY-ST-ZIP	Rochester, MN 55902	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: TAMMAMTSIDES **3/13/03** **507 285-5082**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)