

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001446

Entity Name: RETAIL ASSOCIATES, LLC

FILED
Apr 11, 2008
Secretary of State

Current Principal Place of Business:

2325 ENDICOTT STREET
ST. PAUL, MN 55114

New Principal Place of Business:

Current Mailing Address:

2325 ENDICOTT STREET
ST. PAUL, MN 55114

New Mailing Address:

FEI Number: 20-5697764

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: BONELLO, STEPHEN P
Address: 2325 ENDICOTT STREET
City-St-Zip: ST. PAUL, MN 55114

Title: MGR () Delete
Name: NOBELLO, JULIUS F
Address: 2325 ENDICOTT STREET
City-St-Zip: ST. PAUL, MN 55114

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

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: DITTRICH, AL L
Address: 2325 ENDICOTT STREET
City-St-Zip: ST. PAUL, MN 55114

Title: MGR (X) Change () Addition
Name: OFTELIE, STU
Address: 2325 ENDICOTT STREET
City-St-Zip: ST. PAUL, MN 55114

Title: TREA () Change (X) Addition
Name: HEGLAND, MARY
Address: 2325 ENDICOTT STREET
City-St-Zip: ST PAUL, MN 55114

I hereby certify that the information supplied with this filing does not qualify 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: MARY HEGLAND

TREA

04/11/2008

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