FILE NOW: Fee after May 1, will be \$588.75

MINNEAPOLIS MN 55437-1060 ## above making address is incorrect in any way, line through incorrect information and enter correction in Block 2e. ## Principal Place of Business 2e. Misking Address 1. Date Organized or Qualified Sa. State of Formation									-						
FILING FEE S 203.75 Make Check Payable 70: FLORIDA DEPARTMENT OF STATE S 203.75 Make Check Payable 70: FLORIDA DEPARTMENT OF STATE OF STAT	ſ	ANNUAL R	REPORT [Sa	Sandra B. Mortham Secretary of State									
Name and Malling Address DOCUMENT #49600000380 SECRET RESIDENTIAL MANAGEMENT COMPANY, I. L. C. C. B 200 NORMANDALE BLVD., SUITE 100 S200 NORMANDALE BLVD., SUITE 100 NORMANDALE BLVD., SUITE 1		FEE [Corpora	poration Supplemental Fee				97 APR 15 PM 3: 13							
Ta. Principal Flace of Business Address 200 82.00 NORMANDALE BLVD., SUITE 100 B200 NORMANDALE BLVD., SUITE 100 Managing Members/Managers B200 NORMANDALE BLVD., SUITE MINNEAPOLIS MN Marked DOYLE, MARGARET B200 NORMANDALE BLVD., SUITE MINNEAPOLIS MN Marked DOYLE, MARGARET B200 NORMANDALE BLVD., SUITE MINNEAPOLIS MN Marked DOYLE, MARGARET B200 NORMANDALE BLVD., SUITE MINNEAPOLIS MN Marked DOYLE, MARGARET B200 NORMANDALE BLVD., SUITE MINNEAPOLIS MN Marked DOYLE, MARGARET B200 NORMANDALE BLVD., SUITE MINNEAPOLIS MN Marked DOYLE, MARGARET B200 NORMANDALE BLVD., SUITE MINNEAPOLIS MN Marked DOYLE, MARGARET B200 NORMANDALE BLVD., SUITE MINNEAPOLIS MN Marked DOYLE, MARGARET B200 NORMANDALE BLVD., SUITE MINNEAPOLIS MN Marked DOYLE, MARGARET B200 NORMANDALE BLVD., SUITE MINNEAPOLIS MN Marked DOYLE, MARGARET B200 NORMANDALE BLVD., SUITE MINNEAPOLIS MN Marked DOYLE, MARGARET B200 NORMANDALE BLVD., SUITEMENTALE B1 Marked DOYLE MARKED DOYLE MARGARET B200 NORMANDALE B1 B1 B1 B1 B1 B1 B1 B1	1. Name and Mailing Address of Limited Liability Company DOCUMENT #M9600000380								SECRETARY OF STATE						
8200 NORMANDALE BLVD., SUITE 100 MINNEAPOLIS MN 55437-1060 Below making address is incorrect or any way, line through incorrect information and enter correction in Block 2s. Principal Place of Business 2 Milling Address 3 Date Organized or Qualified 3 Sets of Formation 1 0/02/1996 MN Applied 3 Date Organized or Qualified 3 Sets of Formation 1 0/02/1996 MN 4 FET Number 4 DATE 4 Description of Sets of Set	WELSH RESIDENTIAL MANAGEMENT COMPANY, L.L.								1a. Pri				UA	mun	
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2p Country 5. Date of Last Report 6. Certificate of Status D 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. Name and Address of New Registered Agent 8. Name	02 00		·	0: 0:										pplied For	
7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FI, 33324 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of this registered office or registered agent, not both, in the State of Florida. Such change was authorized by affilmative vote of a majority of the members. Invertely accept the appoints registered agent and accept the obligations. SIGNATURE [Purposed Agent Accepting Agronomoral] (InCite Registered Agent segment registered Address) The Managing Members/Managers Business Street Address City, State and Zip Code GR DOYLE, DENNIS J \$200 NORMANDALE BLVD., SUI MINNEAPOLIS MN MGR DOYLE, MARGARET \$200 NORMANDALE BLVD., SUI MINNEAPOLIS MN MGR DOYLE, MARGARET \$200 NORMANDALE BLVD., SUI MINNEAPOLIS MN TOUTO 1 1 5 9 7 7 1111 11 11 11 11 11 11 11 11 11 11	City & State					(A18				11-1839425 Not Applice					
7. Name and Address of Current Registered Agent 1.200 SOUTH PINE ISLAND ROAD 2.200 SOUTH PINE ISLAND ROAD 3. Sitest Address (P.O. Box Number is Not Acceptable) 2.200 City 2.200 Code 1.200 South Acceptable 2.200 South Address of New Registered Agent Not Acceptable 2.200 South Address (P.O. Box Number is Not Acceptable) 2.200 South Address (P.O. Box Number is Not Acceptable) 2.200 South Address of New Registered Agent Not Acceptable 2.200 South Address (P.O. Box Number is Not Acceptable) 2.200 South Address (P.O.	Zip		Country	Zip		Count	iry		5. Date	e of Last F	Report				
Name 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable)	<u></u>		•					,				\$8.75 Ad	ational Fed	Require 8	
Sirest Address (F.O. Box Number is Not Acceptable) DATE (Rupsered Accept in Acceptable) Sirest Address (F.O. Box Number is Not Acceptable) DATE (Rupsered Accept in Acceptable) Sirest Address (F.O. Box Number is Not Accep		7. Name	and Address of Curre	Nama		8. Name	and Add	ress of New Re	gistered	Agent					
Suits, Apt. 1, stc. Suits, Apt. 1, stc.	C 17 C	ORPORAI	TION SYSTEM	Ĭ			Name		20.10						
Suffice, Apt. N, etc. City FL Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of the tis registered agent, and accept the obligations. I hereby society the appoint is registered agent, and accept the obligations. SIGNATURE [Registered Agent Accepting Approximately (NOTE Registered Agent Signature registered Agent Agent Accepting Approximately) (NOTE Registered Agent Signature registered Agent Agent Accepting Approximately) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGR DOYLE, DENNIS J 6200 NORMANDALE BLVD., SUI MINNEAPOLIS MN MGR DOYLE, MARGARET 6200 NORMANDALE BLVD., SUI MINNEAPOLIS MN TOUTO 145-4-1104/16/3701111015 ***********************************				Street A	ddress (F	ss (P.O. Box Number is Not Acceptable)									
S. Pursuant to the provisions of Sections 606.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of oh its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appoints a registered agent, and accept the obligations. SIGNATURE [Registered Agent Accepting Appendix on the provision of the purpose of ohis its registered agent, and accept the obligations. SIGNATURE [Registered Agent Accepting Appendix on the provision of the provision	1. T. S. M. T.	WILTON R	11 33327		Suite Act & etc										
9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of oh its registered director registered agent, and accept the obligations. SIGNATURE				:	5000, 700. 4, 000				" · · · · · · · · · · · · · · · · · · ·						
Its registered office or registered agent, and accept the obligations. SIGNATURE [Registered Agent Accepting Approximately (MOTE: Registered Agent Registered Registered Agent Registered Agent Registered Registere							City				FL	Zip Cod	9	······································	
10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGR DOYLE, DENNIS J \$200 NORMANDALE BLVD., SUI MINNEAPOLIS MN MGR DOYLE, H. RONALD \$200 NORMANDALE BLVD., SUI MINNEAPOLIS MN MGR DOYLE, MARGARET \$200 NORMANDALE BLVD., SUI MINNEAPOLIS MN TOUTO 2 45407 01111 015 *****203.75 ******203.	9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.														
MGR DOYLE, DENNIS J \$200 NORMANDALE BLVD., SUI MINNEAPOLIS MN MGR DOYLE, H. RONALD \$200 NORMANDALE BLVD., SUI MINNEAPOLIS MN MGR DOYLE, MARGARET \$200 NORMANDALE BLVD., SUI MINNEAPOLIS MN 700002145407-01111-015 ****203.75 *****203.	SIGNATU	IRE	[Registered Agent Accept			DATE									
MGR DOYLE, H. RONALD \$200 NORMANDALE BLVD., SUI MINNEAPOLIS MN MGR DOYLE, MARGARET \$200 NORMANDALE BLVD., SUI MINNEAPOLIS MN 70002145407-01111-015 ****203.75 *****203. 11. Ide hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3) (i). Floride Statutes. [further certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3) (i). Floride Statutes. [further certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3) (ii). Floride Statutes. [further certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3) (ii). Floride Statutes.	10. Title					Business Street Address				City, State and Zip Code					
MGR DOYLE, MARGARET \$200 NORMANDALE BLVD., SUI MINNEAPOLIS MN 701002145407-04/16/37-01111-015 ****203.75 *****203. 11 Job pereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3) (f). Floride Statutes. I further certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3) (f). Floride Statutes. I further certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3) (f). Floride Statutes.	MGR	OOYLE,	DENNIS J		8200	NORMAN	IDALE	BLV	D.,	SUI 1	IINNEAP	ours	MN		
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w本本本之口3。75。 本本本之口3。	MGR	DOYLE,	MARGARET		\$200	NORMAN	DALE	BLV	D.,	SUI 1	IINNEAP	olis	MN		
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11. I do 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					: :				en er enge	-			,		
indicated on this annual 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 limited liability company or the receiver of true as empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or attachment with an address.															
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER LITTLE DRIVE DO DE	SIGN	IATURE		YPED OR PRINTED	NAME OF SA	ONING MANAGING	MEMBER OR I	MANAGER	-	41-	7 197 (I	6(2) 8			