2000 UNIFORM BUSINESS REPORT (UBR)

0015337 AF

DOCUMENT # M96000000380

1. Entity Name

WELSH RESIDENTIAL MANAGEMENT COMPANY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 10:56

Principal Place of Business	Mailing Address
2925 DEAN PARKWAY. SUITE 300 MINNEAPOLIS MN 55416	2925 DEAN PARKWAY. SUITE 300 MINNEAPOLIS MN 55416-7700

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6140 Olson Mem. Hwy Suite, Apt. #, etc.	6140 Olson Memorial Hwy Suite, Apt. #, etc.
City & State: Golden Valley, MN	City & State: Golden Valley, MN
Zip: 55422 Country: Hennepin	Zip: 55422 Country: Hennepin

4. FEI Number 41-1839425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DOYLE, DENNIS J 8200 NORMANDALE BLVD., SUITE 100 MINNEAPOLIS MN 55437-1060	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition mj 3/14/00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DOYLE, H. RONALD 8200 NORMANDALE BLVD., SUITE 100 MINNEAPOLIS MN 55437-1060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MGR Berg, H. Ronald 6140 Olson Memorial Hwy Golden Valley, MN 55422
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DOYLE, MARGARET 8200 NORMANDALE BLVD., SUITE 100 MINNEAPOLIS MN 55437-1060	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700003173507--2 -03/17/00--01013--025 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED 2/21/2000 (612)797-0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)