

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FEB 28 1998  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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 #429

LIMITED LIABILITY COMPANY  
 ANNUAL REPORT  
 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M97000000639**  
 NEO TOMOKA FARMS LLC  
 1221 NICOLLET MALL, STE. 700  
 MINNEAPOLIS MN 55403

1a. Principal Place of Business Address  
 1221 NICOLLET MALL, STE. 700  
 MINNEAPOLIS MN 55403

2. Principal Place of Business 1221 Nicollet Mall	2a. Mailing Address 1221 Nicollet Mall
Suite, Apt. #, etc. Ste 700	Suite, Apt. #, etc. Ste 700
City & State Minneapolis MN	City & State Minneapolis MN
Zip 55403	Country USA

3. Date Organized or Qualified 09/26/1997	3a. State of Formation DE
4. FEI Number 41-1839474	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code <b>FL</b>

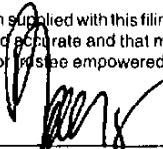
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JONES, PETER D	1221 NICOLLET MALL, STE. 7	MINNEAPOLIS MN
MGR	JENSEN, ALLEN R	1221 NICOLLET MALL, STE. 7	MINNEAPOLIS MN

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 \*\*\*\*188.75 \*\*\*\*188.75

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 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 of the limited liability company or the receiver of it, as empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  Peter D. Jones 4/16/98 612-373-5302  
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #