
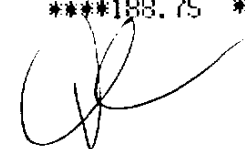


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 20 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # M97000000639			
1. Name and Mailing Address of Limited Liability Company 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 Suite, Apt. #, etc. Suite 700 City & State Minneapolis MN Zip 55403		2a. Mailing Address 1221 Nicollet Mall Suite, Apt. #, etc. Suite 700 City & State Minneapolis MN Zip 55403		3. Date Organized or Qualified 09/26/1997	3a. State of Formation DE
City & State Minneapolis MN		City & State Minneapolis MN		4. FEI Number 41-1839474	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country U.S.A.		Country U.S.A.		5. Date of Last Report 04/27/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$6.75 Additional Fee Required
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 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 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 _____	
<small>(Registered Agent/Changing Agent/Member) (NOTE: Registered Agent's signature required when re-appointed)</small>					
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
9000002853069-0 -04/27/99-01048-010 ****188.75 ****188.75 					

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 or trustee 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 4/3/99 (612)373 5300