

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026564 AF

**DOCUMENT # M97000000639**

**FILED**

1. Entity Name  
**NEO TOMOKA FARMS LLC**

**01 APR 30 PM 6:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**1221 NICOLLET MALL, STE. 700  
MINNEAPOLIS MN 55403**

Mailing Address  
**1221 NICOLLET MALL, STE. 700  
MINNEAPOLIS MN 55403**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**901 Marquette Ave**

3. Mailing Address  
**901 Marquette Ave**

Suite, Apt. #, etc.  
**#2300**

City & State  
**Minneapolis MN**

City & State  
**Minneapolis MN**

4. FEI Number  
**41-1839474**

Applied For  
 Not Applicable

Zip  
**55402-3265**

Country  
**US**

Zip  
**55402-3265**

Country  
**US**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JONES, PETER D 1221 NICOLLET MALL, STE. 700 MINNEAPOLIS MN 55403</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JENSEN, ALLEN R 1221 NICOLLET MALL, STE. 700 MINNEAPOLIS MN 55403</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>901 Marquette Ave, Suite 2300 Minneapolis MN 55402-3265</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Manager Valorie A. Knudsen 901 Marquette Ave, Suite 2300 Minneapolis MN 55402-3265</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900004217689--2 -05/15/01--01091--011 *****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Allen R Jensen* **4/17/01 612-373-5462**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)