


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90153 045 ****55.00

DOCUMENT # M97000000639			
1. Entity Name NEO TOMOKA FARMS LLC			
Principal Place of Business 3650 IDS CENTER 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402 US		Mailing Address 3650 IDS CENTER 3005 Douglas Blvd Ste 105 80 SOUTH 8TH STREET ROSEVILLE CA 95661 MINNEAPOLIS, MN 55402 US	
2. Principal Place of Business 3005 Douglas Blvd Suite, Apt. #, etc. Suite 105		3. Mailing Address 3005 DOUGLAS BLVD. Suite, Apt. #, etc. Suite 105	
City & State Roseville CA		City & State ROSEVILLE	
Zip 95661		Country CA	
Country US		Country 95661	
4. FEI Number 41-1839474		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when resigning)	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEUISER, BEN J <input checked="" type="checkbox"/> Delete 3650 IDS CENTER, 80 SO. 8TH STREET MINNEAPOLIS, MN 554022217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPMAN, RANDALL W <input checked="" type="checkbox"/> Delete 3650 IDS CENTER, 80 SO. 8TH STREET MINNEAPOLIS, MN 554022217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL MANAGER TROND ACH ENOUG <input type="checkbox"/> Delete 3005 Douglas Blvd Ste 105 ROSEVILLE CA 95661	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER PETER SORIANO <input type="checkbox"/> Delete 3005 Douglas Blvd Ste 105 ROSEVILLE CA 95661	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"/> Delete	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"/> Delete	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)(f), 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: Trond Aschichoug		Date: 6/14/04 916.789.2250	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	