

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90162 028 ****50.00

DOCUMENT # M02000002265

1. Entity Name

AASE & KIRSCHER, PLLC



Principal Place of Business

7300 HUDSON BLVD., SUITE 290
OAKDALE MN 55128

Mailing Address

7300 HUDSON BLVD., SUITE 290
OAKDALE MN 55128

2. Principal Place of Business

180 E. FIFTH ST.

Suite, Apt. #, etc.

SUITE 255

City & State

ST. PAUL, MN

Zip

55101

Country

USA

3. Mailing Address

180 E. FIFTH ST

Suite, Apt. #, etc.

SUITE 255

City & State

ST. PAUL, MN 55101

Zip

55101

Country

USA

20011073



1st MOORE

CR2E083 (10/04)

4. FEI Number

04-3704371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME AASE, WILLIAM J
STREET ADDRESS 7300 HUDSON BLVD. SUITE 290 180 E. FIFTH ST #255
CITY-ST-ZIP OAKDALE MN 55128 ST. PAUL, MN 55101

TITLE MGR ☐ Delete
NAME KIRSCHER, BRADLEY A
STREET ADDRESS 7300 HUDSON BLVD. SUITE 290 180 E. FIFTH ST #255
CITY-ST-ZIP OAKDALE MN 55128 ST. PAUL, MN 55101

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/2/05 (651) 209-6884