

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000103291

Entity Name: SISTERS - HOOD VENTURE "LLC"**Current Principal Place of Business:**14 W STEVENS ST.
ST. PAUL, MN 55107**Current Mailing Address:**14 W STEVENS ST.
ST. PAUL, MN 55107**FEI Number:** 45-1861975**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOWNES, ELEANOR
3702 CARROLL BROOK RD.
TAMPA, FL 33618 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

| | |
|-----------------|------------------|
| Title | MGR |
| Name | KULLA, N.J. |
| Address | 14 W STEVENS ST. |
| City-State-Zip: | ST PAUL MN 55107 |

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|-----------------|-------------------|
| Title | MGRM |
| Name | KULLA, JUDITH K |
| Address | 1318 RAMSEY ST. |
| City-State-Zip: | HASTINGS MN 55033 |

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|-----------------|-------------------|
| Title | MGR |
| Name | KULLA, JOYCE E |
| Address | 804 ORANGE ST. |
| City-State-Zip: | PRESCOTT WI 54021 |

| | |
|-----------------|--------------------|
| Title | MGRM |
| Name | SHEEHAN, DEBORAH L |
| Address | 1200 SIBLEY ST |
| City-State-Zip: | HASTINGS MN 55033 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: N.J. KULLA**MANAGER****01/15/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date