

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0100002619

**Entity Name:** OSBORNE PROPERTIES GP, LLC

**Current Principal Place of Business:**

501 SOUTH 8TH STREET  
MINNEAPOLIS, MN 55404

**Current Mailing Address:**

501 SOUTH 8TH STREET  
MINNEAPOLIS, MN 55404 US

**FEI Number:** 41-2019862

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            CEO, DIRECTOR  
Name            ENGELSMA, BRUCE W.  
Address        501 SOUTH 8TH STREET  
City-State-Zip: MINNEAPOLIS MN 55404

Title            MANAGER, DIRECTOR  
Name            DIESSNER, PETER J.  
Address        501 SOUTH 8TH STREET  
City-State-Zip: MINNEAPOLIS MN 55404

Title            PRESIDENT, COO, DIRECTOR  
Name            DIESSNER, DENNIS G.  
Address        420 GATEWAY BOULEVARD  
City-State-Zip: BURNSVILLE MN 55337

Title            SECRETARY  
Name            ENGELSMA, BRADLEY W. ESQ.  
Address        501 SOUTH 8TH STREET  
City-State-Zip: MINNEAPOLIS MN 55404

Title            TREASURER  
Name            ASGRIMSON, TIMOTHY D.  
Address        501 SOUTH 8TH STREET  
City-State-Zip: MINNEAPOLIS MN 55404

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRADLEY W. ENGELSMA

**SECRETARY**

**04/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date