

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A30434	
MN MEDINVEST COMPANY LIMITED PARTNERSHIP			
Mailing Address 1712 HOPKINS CROSSROAD MINNETONKA MN 55305		Principal Office Address 1712 HOPKINS CROSSROAD MINNETONKA MN 55305	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 07/30/1990	
		3a. Date of Last Report 11/07/1995	
		4. State or Country of Formation MN	
		5a. Capital Contributions as Shown on record. \$8,600,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date: \$8,600,000.00	
		6. FE# Number 41-0963117 ☐ Applied For ☐ Not Applicable	
		7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV -1 AM 9:30



9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
JOHN B. GOODMAN ENTERPRISES,	1712 HOPKINS CROSSROAD	MINNETONKA MN	P27141
200002001282--7 -11/12/96--01003--012 ****576.25 ****576.25			
KWM			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Joseph L. Gwertin* DATE **10/28/96**

Typed or Printed Name of General Partner Signing Form **Joseph L. Gwertin** Daytime Telephone Number **612-591-1200**

CR2E003 (6/96)