

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A30434

1. Entity Name
MN MEDINVEST COMPANY LIMITED PARTNERSHIP



FILED

04 MAY -6 AM 11:35

Principal Place of Business
**1107 HAZELTINE BLVD.
 SUITE 200
 CHASKA, MN 55318**

Mailing Address
**1107 HAZELTINE BLVD.
 SUITE 200
 CHASKA, MN 55318**

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004

Chg-LP

CR2E003 (10/03)

4. FEI Number

41-0963117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE, FL 32301**

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.

DATE _____

9. Capital Contributions
 as Shown on record.

\$8,600,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

\$ 17,419,110.00

\$ 578.75

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F97000004441**
 NAME **JBGE/MEDINVEST, INC.**
 STREET ADDRESS **1107 HAZELTINE BLVD., SUITE 200**
 CITY-ST-ZIP **CHASKA, MN 55318**

STREET ADDRESS

CITY-ST-ZIP

100035705941
05/06/04--01038--013 **2328.75

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CITY-ST-ZIP

\$526.25

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

JBGE/MEDINVEST, INC.

SIGNATURE: Patricia A. Bilich **PATRICIA A. Bilich, JTS Secretary** **4/27/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE