~~ 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

| UN | IFOR | M BUSIN | ESS RE | EPORT | (UBR) | _ | | | | |
|--|---------------------------------|---------------------------------------|----------------------|--|--|--|---|----------------------------|-------------------------------|--|
| 1. Entity Nam | # A3043 OMPANY LIMITED PA | | - | | | FILED 03 MAY -1 PM 2 | 2: 55 |) | | |
| • | | | | | WE TO | | • • • | | | |
| | | | | ailing Address 07 HAZELTINE BLVD. JITE 200 | | | SECRETARY OF STATE TALL'AHASSEE, FLORIDA | | | |
| CHASKA MN 55318 2. Principal Place of Business | | | CHASKA MN | 55318 | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | alan bi | BIL B(BIL B4B41 BIBIL 10B) | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DUE BY MAY 1, 2003 | | | |
| City & State | | | City & Star | City & State | | | 4. FEi Number 41-0963117 Applied For Not Applicab | | Applied For Not Applicable | |
| Zip Country | | Zip | Zip Cou | | 7 | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | |
| NRAI SERVICES, INC. | | | | | Name | | | | | |
| 526 E. PARK AVE. | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| TALLAHASSEE FL 32301 | | | | | | | | | | |
| | | | | | City | | F | <u> </u> | Zip Code | |
| | named entity ions of registe | | t for the purpose of | f changing its regi | istered office or re | egistere | ed agent, or both, in the State of Florida. I an | n famili | ar with, and accept | |
| SIGNATURE - | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$8,600,000.00 In FLORIDA to date. | | | | | | Υρισ | 11. MAKE CHECK PAYABL SEE REVERSE SIDE F | E TO F | L. DEPT. OF STATE | |
| - | | | | | Y MUST BE R | EGIST | ERED AND ACTIVE WITH THIS OFFICE to must be filed to change a general part of the change and the change and the change and the change and the change are the change and the change are the change at the change are the | Œ. | | |
| 12. GENERAL PARTNER INFORMATION | | | | | 13. | | ADDRESS CHANGES ONLY | | | |
| DOCUMENT # | F97000004 JBGE/MED | 4441 DINVEST, INC. | | FORMATION 13. ADDRESS CHANGES ONLY STREET ADDRESS | | | | | | |
| STREET ADORESS CITY-ST-ZIP | 1107 HAZ CHASKA I | eltine blvd., suiti Vin 55318 | E 200 | 9 | CITY-ST-ZIP | | 3000178211 | | | |
| OOCUMENT # | | | | | STREET ADDRESS 05/01/0301046013 **526. 25 | | | 26. 25 | | |
| TREET ADDRESS CITY-ST-ZIP | | | | | CITY-ST-ZIP | | | | | |
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| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | | CITY-ST-ZIP | | | | ···· | |
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| TREET ADDRESS (| | | | | CITY-ST-ZIP | | | | | |

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

SIGNATURE: .

SIAPLE UNEUN HEKE



3/1/03

(952)361-8000

Daytime Phone #