

SIEGEL, BRILL, GREUPNER & DUFFY, P.A.

RICHARD SIEGEL
 JOSEPH E. BRILL, JR.
 JAMES R. GREUPNER
 GERALD S. DUFFY
 WOOD R. FOSTER, JR.
 THOMAS H. GOODMAN
 JOHN S. WATSON
 WM. CHRISTOPHER PENWELL
 SUSAN M. VOIGT
 ANTHONY J. GLEEKEL
 JOEL H. JENSEN

FORMERLY
 GROSSMAN, KARLINS, SIEGEL & BRILL
 1300 WASHINGTON SQUARE
 100 WASHINGTON AVENUE SOUTH
 MINNEAPOLIS, MINNESOTA 55401
 TELEPHONE (612) 339-7131
 TELECOPIER (612) 339-6591

SHERRI L. ROHLF
 BRIAN E. WEISBERG
 ROSEMARY C. TUOHY
 JORDAN M. LEWIS
 JAMES A. YAROSH
 KRISTI L. SKORDAHL
 RETIRED
 M. L. GROSSMAN
 SHELDON D. KARLINS

August 21, 1995

Department of State
 State of Florida
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

FILED
 95 NOV 27 PM 3:51
 TALLAHASSEE, FLORIDA
PRIORITY MAIL

400001569134
 -08/25/95--01005--003
 *****528.50 *****528.50

Re: Vikre Family Limited Partnership

Dear Sir or Madam:

Enclosed please find for filing a Certificate of Limited Partnership for the Vikre Family Limited Partnership. Further enclosed is our check in the amount of \$528.50 for the filing fee and for a certified copy of the Certificate. Please forward the certified copy of the Certificate and any other documentation to the undersigned in the self-addressed stamped envelope provided for convenience.

If you have any questions or concerns regarding this matter, please feel free to contact the undersigned.

Yours very truly,

Colleen M. Pedersen

Colleen M. Pedersen
 Assistant to James R. Greupner

Enclosures

0245000017238

Name Availability	KWM
Document Examiner	KWM
Updater	KWM
Updater Verifier	KWM
Acknowledgement	KWM
W. P. Verifier	KWM

C. TAX	441.00
FILING	35.00
R. AGENT FEE	52.50
C. COPY	528.50
TOTAL	
N. BANK	
BALANCE DUE	
RE	

11-27

LAW OFFICES

SIEGEL, BRILL, GREUPNER & DUFFY, P.A.

FORMERLY

GROSSMAN, KARLINS, SIEGEL & BRILL

1300 WASHINGTON SQUARE

100 WASHINGTON AVENUE SOUTH

MINNEAPOLIS, MINNESOTA 55401

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TELECOPIER (612) 339-8591

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November 21, 1995

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

PRIORITY MAIL

ATTN: Kenny Manning

Re: Vikre Family Limited Partnership
Ref: W95000017238

Dear Kenny:

Per our conversation, enclosed please find a Certificate of Limited Partnership of Vikre Family Limited Partnership, an Affidavit of Capital Contributions and a copy of your August 25, 1995 letter.

If you have any questions or concerns regarding this matter, or need further information, please feel free to contact me.

Yours very truly,



Colleen M. Pedersen
Secretary to James R. Greupner

Enclosures



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 25, 1995

COLLEEN M. PEDERSEN
1300 WASHINGTON SQUARE
100 WASHINGTON AVENUE SOUTH
MINNEAPOLIS, MN 55401

SUBJECT: VIKRE FAMILY LIMITED PARTNERSHIP
Ref. Number: W95000017238

We have received your document for VIKRE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$528.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires that limited partnership certificates include the mailing address in addition to the principal place of business address. Please correct your document accordingly. If the mailing address and principal place of business are one and the same, please be sure this is clearly reflected in your document.

The registered agent must sign accepting the designation.

Pursuant to section 620.108, Florida Statutes, an affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners must accompany the certificate of limited partnership. The affidavit must be signed by all general partners and notarized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6967.

Kenny Manning
Corporate Specialist

Letter Number: 295A00039842

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
VIKRE FAMILY LIMITED PARTNERSHIP**

This Certificate of Limited Partnership is executed this 6th day of May, 1995, by the undersigned, being the sole general partner of Vikre Family Limited Partnership, a limited partnership hereby being organized under the laws of the State of Florida under a Limited Partnership Agreement dated as of May 6, 1995, pursuant to Florida Statutes.

1. The name of the limited partnership is Vikre Family Limited Partnership.
2. The business and mailing address of the limited partnership is 5914 Ridge Road, Port Richey, Florida 33568.
3. The name and address of the registered agent is:

Marilyn Targansky
5914 Ridge Road
Port Richey, Florida 33568

Marilyn Targansky
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

4. The name and business address of the sole general partner is as follows:

Jacob N. Vikre, II
800 Colorado Avenue South
Minneapolis, MN 55416

5. The limited partnership shall dissolve on the date provided in the Limited Partnership Agreement, which date will be no later than December 31, 2024.
6. The amount of capital contributed to the limited partnership by the general and limited partners is \$63,000.00.

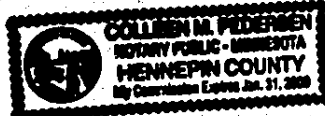
In witness of the above, the undersigned have set their hands below:

Jacob N. Vikre II
Jacob N. Vikre, II

STATE OF MINNESOTA)
COUNTY OF HENNEPIN) ss.

The foregoing was acknowledged before me this 6th day of May, 1995, by Jacob N. Vikre, II, the sole general partner of the Vikre Family Limited Partnership, a limited partnership organized under the laws of the State of Florida, on behalf of the partnership.

Collen M. Pedersen
Notary Public



AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all of the general partners of

Vikre Family Limited Partnership, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 62,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 62,000.00.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

[Signature]
General Partner

General Partner

General Partner

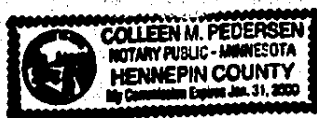
General Partner

General Partner

General Partner

This 11/14 day of October, 19 95.

Colleen M. Pedersen



FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1a. A95000001823

1. Name of Limited Partnership

Vikre Family Limited Partnership

Mailing Address

5914 Ridge Road
Port Richey, FL 33568

Principal Office Address

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA 11/27/95

3a. Date of Last Report

N/A

4. State or Country of Formation

Florida

6. FEI Number

X Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

5a. Capital Contributions as Shown
on Record: \$63,000.00

5b. Amount of Capital Contributions in
FLORIDA to date: \$63,000.00

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 6a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2.) Supplemental Fee: \$139.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$139.75) AND NO MORE THAN \$576.25 (\$437.50 + \$139.75).
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

Marilyn Targansky
5914 Ridge Road
Port Richey, FL 33568

mg 1/8

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt., etc.

City

FL Zip Code

10. If changed, now Registered Agent/Office

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. 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)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

Jacob N. Vikre, II

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

800 Colorado Avenue So.

11b. City, State & Zip Code

Minneapolis, MN 55415

11c. Registration/
Document Number

400001684154
-01/10/96--01054--023
****576.25 ****576.25

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

Typed or Printed Name of General Partner Signing Form

Jacob N. Vikre II

Telephone Number

12-27-95
(612) 545-0276

CR2E003 (6/95)