
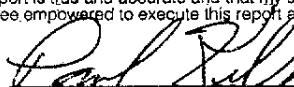


FILED
Feb 16, 2005 08:00 AM
-Secretary of State

DOCUMENT # B0100000354			
1. Entity Name BOREALIS LIMITED PARTNERSHIP OF MINNESOTA			
Principal Place of Business C/O COLLEN MILLER 605 N. HWY 169 #375 PLMOUTH, MN 55441		Mailing Address C/O COLLEN MILLER 605 N. HWY 169 #375 PLMOUTH, MN 55441	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KELLY, PAUL D 27791 MARINA POINTE DRIVE BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	KELLY, PAUL D 605 N. HWY 169 #375, STE. 766 PLMOUTH, MN 55441	STREET ADDRESS	100000220787 02/16/05-80002-024 141.25
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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)(f), 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:  Paul Kelly 2-10-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			
Date Daytime Phone #			