


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # F02000001023</b><br>1. Entity Name<br><b>LANMARK PROPERTY ADVISORS, INC.</b>   |  |   |  | <br><div style="position: absolute; top: 0; right: 0; text-align: right;">             FILED<br/>             16 AM 8:28<br/>             TALLAHASSEE, FLORIDA           </div> |  |
| Principal Place of Business<br><b>7381 AIRPORT VIEW DRIVE SW 104<br/>ROCHESTER, MN 55902</b>   |  |   | Mailing Address<br><b>POST OFFICE BOX 249<br/>ROCHESTER, MN 55903</b>  |  |  |
| 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  |  |   |  | 7. Name and Address of New Registered Agent  |  |
| <b>CT Corporation System</b><br><b>1200 South Pine Island Road</b><br><b>Plantation, FL 33324</b>  |  |   |  | Name   |  |
|  |  |   |  | Street Address (P.O. Box Number is Not Acceptable)   |  |
|  |  |   |  | City   |  |
|  |  |   |  | <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>   |  |
| 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.<br><div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">             SIGNATURE _____<br/> <i>Connie Bryan</i><br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> <b>CONNIE BRYAN</b><br/> <b>SPECIAL ASSISTANT SECRETARY</b><br/> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="text-align: right;">             DATE _____           </div> </div> |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 7, 2005</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSTD<br><b>CHAFOLIAS, ANDREW C</b> <input type="checkbox"/> Delete<br><b>111 SOUTH BROADWAY #301</b><br><b>ROCHESTER, MN</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Chafoulis, Andrew</b><br><b>7381 Airport View Dr SW</b><br><b>Rochester, MN 55902</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br><b>STEEGE, MARK</b> <input type="checkbox"/> Delete<br><b>5212 NICKLANS DRIVE NW</b><br><b>ROCHESTER, MN 55901</b>      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center; font-weight: bold;">             100058786071<br/>             08/19/05--01050--005 **550.00           </div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  |  |   |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | <div style="display: flex; justify-content: space-between;"> <div> <b>8/9/05</b><br/> <small>Date</small> </div> <div> <b>507-292-8215</b><br/> <small>Daytime Phone #</small> </div> </div> |  |  |