


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90444 035 ***150.00

DOCUMENT # F95000005904		
1. Entity Name MINNESOTA BBC PROPERTY CO.		

Principal Place of Business 7601 PENN AVE S TAX DEPT MINNEAPOLIS, MN 55423	Mailing Address 7601 PENN AVE S TAX DEPT MINNEAPOLIS, MN 55423
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04172004 Chg-P CR2E034 (10/03)

4. FEI Number 41-1788391		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	NAME	TITLE	NAME
SCHULZE, RICHARD M	5015 NOB HILL DRIVE EDINA, MN 55435		
ANDERSON, BRADBURY H	1874 SUMMIT AVE. ST. PAUL, MN 55101		
LENZMEIER, ALLEN U	322 MISSISSIPPI RIVER BLVD. N. ST. PAUL, MN 551044927		
JACKSON, DARREN	290 WOODLAWN AVENUE SAINT PAUL, MN 551051237		
KOTULA, CONSTANCE	10306 LAUREL DR EDEN PRAIRIE, MN 55347		
JOYCE, JOSEPH M	13115 - 37TH AVE. N. PLYMOUTH, MN 55441		

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 a name like empowered.

SIGNATURE: *B. Michael Tilton* **B. Michael Tilton** **6/2/291-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #