


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

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

Principal Place of Business 7601 PENN AVE S TAX DEPT MINNEAPOLIS, MN 55423	Mailing Address P.O. BOX 9312 TAX DEPT MINNEAPOLIS, MN 55440
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04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000706587 04/24/07-80041-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SCHULZE, RICHARD M 5015 NOB HILL DRIVE EDINA, MN 55435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, BRADBURY H 1874 SUMMIT AVE. ST. PAUL, MN 55101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LENZMEIER, ALLEN U 322 MISSISSIPPI RIVER BLVD. N. ST. PAUL, MN 551044927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JACKSON, DARREN 290 WOODLAWN AVENUE SAINT PAUL, MN 551051237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TILTON, G. MICHAEL 7601 PENN AVE. S. RAHFELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JOYCE, JOSEPH M 13115 - 37TH AVE. N. PLYMOUTH, MN 55441

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.
SIGNATURE: X <i>G. Michael Tilton</i> 4/6/07 612-291-4911 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP of TAX Date Daytime Phone #