FILED Apr 11, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION

UNITORM BUSINESS REPURT (UDK)					04-11-2003 902	223 003 ***1:	50.00
DOCUMENT # F95000005904							
1. Entity Name					ļ		
MINNESOTA BBC PROPERTY CO.							
	, , , , , , , , , , , , , , , , , , , ,			NP TO	10065948	}	
· ·	ce of Business	Malling Address			200002	_	
7075 FLYING CLOUD DR PO BOX 9312			10 0212				
EDEN PRAIRIE, MN 55344 MINNEAPOLIS, MN 55440							
						(C)))	50(C BIU) 1881
2. Principal Place of Sesiness 3. Mailing Address							2011 BIR (201
7601 1enn Ave > Po Box 93			312_				
Suite, Apt		Suite, Apt. #, etc	Suite, Apt. #, etc		☐ CHECK HERE IF MA	MINIC CHANCES	
Tax Vept Tax Vept			-		_		
City a Sta	1	City & State Minnea Polis MW			4. FEI Number 41-1788391	<u> </u>	plied For
Zip .	Country	Zip /	Country		41-1700331		ot Applicable
554		55440	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require	fitional d
7- /-	6. Name and Address of Current F	Registered Agent	<u> </u>		7. Name and Address of New Registe		-
				ne			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address / P.O. Day Number is blot for entable)			
	ON, FL 33324		2114	Street Address (P.O. Box Number is Not Acceptable)			
					***	1.	****
			City			7/n Cod	
٠			'		•	FL Zip Cod	
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered offic	e or register	ed agent, or both, in the State of Florida.	l am familiar with,	and accept
vine obliga Statisticat			i i e Vita timbri		•		}
SIGNATURE	fire as a constant			1			
n elektra elektrisi süülük ülekile kiri kiri kiri kiri kiri kiri kiri kir	Signature, typed or primed name of registered agent a	nd title if applicable. (NOT)	E: Registered Agents	ignature required	when reinstating) D	ATE I LOPE I	r BAC etco
FILE NOW!!! FEE: IS \$150:00 After May 1 2003 Fee will be \$550.00 9. Election Campaign Financing \$5,00 May Be							
Atte Make Check	r May 1, 2003 Fee will be \$550.00 < Payable to Florida Department o	f State		2	Trust Fund Contribution.	_ +	to Fees
	and the second s		- 	i			
10.	OFFICERS AND DOCEO		11		ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME	SCHULZE, RICHARD M	☐ Delete	TITLE			☐ Change	☐ Addition
	5015 NOB HILL DRIVE		STREET ADDRE	ss			
CITY-ST-ZIP	EDINA, MN 65436		CITY-ST-ZIP				}
TITLE	DP	☐ Delete	1itl£			☐ Change	☐ Addition
NAME	ANDERSON, BRADBURY H		NAME				
STREET ADDRESS	1874 SUMMIT AVE.		STREET ADDRE	ss			
CITY-ST-2P	ST. PAUL, MN 55101	*	CITY-ST-21P				
TITLE	DV	☐ Delete	TALE		-	C hange	☐ Addition
NAME	LENZMEIER, ALLEN U		NAME				
STREET ADDRESS CITY-ST-2IP	322 MISSISSIPPI RIVER BLVD. N. ST. PAUL, MN 551044927		STREET ADDRE	SS			
	·						
TITLE NAME	VT JACKSON, DARREN	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	290 WOODLAWN AVENUE		STREET ADDRE	55			
CITY-ST-ZIP	SAINT PAUL, MN 551051237	, ,	CITY-ST-ZIP	~			
TITLE	AT	? Delete	TITLE		the state of the	☐ Change	☐ Addition
NAME	KOTULA, CONSTANCE		NAME				
STREET ADDRESS	10306 LAUREL DR		STREET ADDRES	ss	Trust Food (influsion)	÷1	# £203
CHY-ST-ZIP	EDEN PRAIRIE, MN 55347,	277. 54	CITY-ST-ZIP		9 Demon Cauro sign Ensholpr	• 54 B	FART Ee
TITLE	VS TO A MARKET THE PARK TO THE PROPERTY.	Delete	TIFE TO SHEET	Carl Took of active	Can Strady A.	Change	Addition
NAME IN ATTHE	JOYCE, JOSEPH M		NAME				
STREET ADDRESS	13115 - 37TH AVE. N. PLYMOUTH, MN 55441		STREET ADDRES	85			1
	<u> </u>	his filling dose not available		tated in Co-	tion 110 07/29/1 Elevino Common 15 1	Agreed the said of	
indicated	on this report or supplemental report is t	tue and accurate and that m	v gionatur≙ cha	il have the ca	tion 119.07(3)(i), Florida Statutes, I further ame legal effect as if made under oath; the	at I am an officer o	r diramar
of the corporation of 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.							
11.12 11.12							
SIGNATURE: Onstance Totale Constance Lotale Asst Treasure 4/4/03							
	SIG NATO RE AND TYPED OR PR	NI ED NARRE OF SKGNING OFFICER (OR UIRECTOR		Date	Daytime Phone #	- 1