

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90382 016 ****55.00

DOCUMENT # L00000000230

1. Entity Name

MONTRACHET, L.L.C.

Principal Place of Business

**C/O BOND, SCHOENECK & KING, P.A.
4001 TAMiami TRAIL NORTH, SUITE 404
NAPLES FL 34103**

Mailing Address

**C/O BOND, SCHOENECK & KING, P.A.
4001 TAMiami TRAIL NORTH, SUITE 404
NAPLES FL 34103**

955536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2517238

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OWENS, WILLIAM L
C/O BOND, SCHOENECK & KING, P.A.
4001 TAMiami TRAIL NORTH, SUITE 404
NAPLES FL 34103**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FARRELL, JOHN F JR
81 SOUTH NINTH STREET
MINNEAPOLIS MN 55402** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ADD
Suite #130** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OPPERMAN, DWIGHT
81 SOUTH NINTH STREET
MINNEAPOLIS MN 55402** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ADD
Suite #130** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(612)
342-2437

CR2E083 (9/01)