FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90037 039 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000230

1. Entity Name
MONTRACHET, L.L.C.

Principal Place of Business	Mailing Address
C/O BOND, SCHOENECK & KING, P.A. 4001 TAMIAMI TRAIL NORTH, SUITE 404 NAPLES FL 34103	C/O BOND, SCHOENECK & KING, P.A. 4001 TAMIAMI TRAIL NORTH, SUITE 404 NAPLES FL 34103

2. Principal Place of Business	3. Mailing Address
81 South 9th Street	81 South 9th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Minneapolis, MN	City & State: Minneapolis, MN
Zip: 55402 / Country:	Zip: 55402 / Country:

XX CHECK HERE IF MAKING CHANGES

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: Keith C. Boudrie Street Address (P.O. Box Number is Not Acceptable): 2021 Pine Ridge Road City: Naples FL Zip Code: 34109

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: Keith C. Boudrie — 1/23/03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FARRELL, JOHN F JR	NAME	
STREET ADDRESS	81 SOUTH NINTH STREET - SUITE130	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OPPERMAN, DWIGHT	NAME	
STREET ADDRESS	81 SOUTH NINTH STREET - SUITE 130	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: John F. Farrell, Jr., Managing Member (612)333-2434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)