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 [signature] Keith C. Boudrie 1/29/003
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARRELL, JOHN F JR 81 SOUTH NINTH STREET - SUITE130 MINNEAPOLIS MN 55402 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OPPERMAN, DWIGHT 81 SOUTH NINTH STREET - SUITE 130 MINNEAPOLIS MN 55402 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] 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 #