

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001688

Entity Name: 24K.COM, LC

FILED  
Apr 06, 2004  
Secretary of State

## Current Principal Place of Business:

1405 XENIUM LANE N  
PLYMOUTH, MN 554418250

## New Principal Place of Business:

## Current Mailing Address:

ATTN: TAX DEPARTMENT  
P.O. BOX 59159  
MINNEAPOLIS, MN 554598250

## New Mailing Address:

FEI Number: 58-2552491      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MEMBERS:

Title: MEM ( ) Delete  
Name: NELSON, CURTIS C  
Address: 1405 XENIUM LANE  
City-St-Zip: PLYMOUTH, MN 55441

Title: AREP ( ) Delete  
Name: BRILL, ROBERT S  
Address: 1405 XENIUM LN N  
City-St-Zip: PLYMOUTH, MN 55441

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: NELSON, CURTIS C  
Address: 1405 XENIUM LANE NORTH  
City-St-Zip: PLYMOUTH, MN 55441

Title: MGR (X) Change ( ) Addition  
Name: BRILL, ROBERT S  
Address: 1405 XENIUM LANE NORTH  
City-St-Zip: PLYMOUTH, MN 55441

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT S. BRILL

MGR

04/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date