2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022253

1. Entity Name
LABONNE FAMILY INVESTMENTS, LLC

Principal Place of Business	Mailing Address
13000 AMBERLEY CT UNIT 105 BONITA SPRINGS, FL 34135	14643 KRYPTON ST ANOKA, MN 55303

DO NOT WRITE IN THIS SPACE

01192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3761462

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LABONNE, TOM
13590 S. HAMPTON DRIVE
BONITA SPRINGS, FL 34135

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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: Tom LaBonne 2/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000053760
02/16/04-80144-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	LABONNE, JOSEPH T
STREET ADDRESS	15740 LINCOLN ST. SE
CITY-ST-ZIP	HAM LAKE, MN 55304
TITLE	MGR
NAME	LABONNE, MARK S
STREET ADDRESS	15740 LINCOLN ST. SE
CITY-ST-ZIP	HAM LAKE, MN 55304
TITLE	MGR
NAME	LABONNE, JEFFREY S
STREET ADDRESS	15740 LINCOLN ST. SE
CITY-ST-ZIP	HAM LAKE, MN 55304
TITLE	MGR
NAME	MASON, LYNN M
STREET ADDRESS	15740 LINCOLN ST. SE
CITY-ST-ZIP	HAM LAKE, MN 55304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joel LaBonne 2-6-04 763 434-6108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #