

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000022253**

1. Entity Name  
**LABONNE FAMILY INVESTMENTS, LLC**



Principal Place of Business  
**13590 S. HAMPTON DRIVE  
BONITA SPRINGS, FL 34135**

Mailing Address  
**14643 KRYPTON ST  
ANOKA, MN 55303**



07072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 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 September 6, 2006**

000000570092  
07/13/06-80016-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LABONNE, JOSEPH T  
15740 LINCOLN ST. SE  
HAM LAKE, MN 55304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LABONNE, MARK S  
15740 LINCOLN ST. SE  
HAM LAKE, MN 55304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LABONNE, JEFFREY S  
15740 LINCOLN ST. SE  
HAM LAKE, MN 55304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MASON, LYNN M  
15740 LINCOLN ST. SE  
HAM LAKE, MN 55304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Joe LaBonne* **Joe LaBonne**

**7-7-06**

**763-434-6108**

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

Date

Daytime Phone #