2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000022253

1. Entity Name
LABONNE FAMILY INVESTMENTS, LLC

Principal Place of Business	Mailing Address
13590 S. HAMPTON DRIVE BONITA SPRINGS, FL 34135	14643 KRYPTON ST ANOKA, MN 55303

01052007No 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

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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.

U00000582003
SIGNATURE _____ 01/11/07-80015-007 50.00
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, 2007

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 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 1-4-07 763434-6108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #