2004 LIMITED LIABILITY COMPANY

FILED May 03, 2004 08:00 AN Secretary of State

ANNOAL REPORT					
DOCUMENT # L0 1. Entity Name NEWMONT ENGINEERI					
Principal Place of Business			Mailing Address	<u> </u>	
15210 WAYZATA BLVD. WAYZATA, MN 55391-1439			15210 WAYZATA WAYZATA, MN 5		



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01062004 No Chg-LLC CR2E083 (10/03)

Applied For 4. FEI Number 11-3663373 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

BUTLER, GAREY F FOWLER WHITE BOGGS BANKER, P.A. 2201 SECOND STREET, 5TH FLOOR

DO NOT WRITE

	ERS, FL 33901	-	IN THIS SPACE
	e named entity submits this statement for the purpose of char tions of registered agent.	nging its register	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered scent and title if applicable.	(NOTE Register	ad Agant signature required when reinstating) DATE
F	iling Fee is \$50.00 ue by May 1, 2004		000000154177 05/04/04-80156-016 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NESLUND, RICHARD 15210 WAYZATA BLVD. WAYZATA, MN 55391		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
title Name Street address City-ST-Zip			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	
11. I hereby of indicated limited lia	pertify that the information supplied with this filing does not q on this report is true and accorate and that my signature shi bility company or the eceiver or trustee empowered to exec	uality for the exe all have the sam tute this report a	emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under cath, that I am a managing member or manager of the s required by Chapter 608, Florida Statutes.

NES LITTE