2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

04-16-2004 90421 028 ****50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MOORE CR2E083 (11/03)

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DOCUMENT # L03000000494

1. Entity Name

SYMBOLISM PROPERTIES, LLC

Principal Place of Business	Mailing Address
5100 TRENTON LANE NORTH PLYMOUTH MN 55442 US	5100 TRENTON LANE NORTH PLYMOUTH MN 55442 US

2. Principal Place of Business		3. Mailing Address	
17602 68th Place N		P.O. Box 41683	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Maple Grove MN		City & State: Plymouth MN	
Zip: 55311	Country: USA	Zip: 55441	Country: USA

4. FEI Number: 043731289 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANCASTER, JOHN J 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND FL 33801	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: ~~Owner~~ MGRM NAME: Torrel Davis STREET ADDRESS: P.O. Box 41683 CITY-ST-ZIP: Plymouth, MN 55441	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Torrel Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #