

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000015555

1. Entity Name
 MINNESOTA RESTAURANT INVESTMENTS, LLC



Principal Office of Business
 8 BROAD CREEK CIR.
 ORMOND BEACH, FL 32174

Mailing Address
 8 BROAD CREEK CIR.
 ORMOND BEACH, FL 32174



03302005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1819152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEBIS, DANIEL S
 3890 TURTLE CREEK DRIVE
 SUITE 2-11
 PORT ORANGE, FL 32127

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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

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, 2005**

000000288112
 04/04/05-80097-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
 NAME CURTIS, W. TIMOTHY
 STREET ADDRESS 8 BROAD CREEK CIR.
 CITY-ST-ZIP ORMOND BEACH, FL 32174

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 CITY-ST-ZIP

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 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)(f), 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

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

Date

Daytime Phone #