

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015555

FILED
Mar 16, 2010
Secretary of State

Entity Name: MINNESOTA RESTAURANT INVESTMENTS, LLC

Current Principal Place of Business:

8 BROAD CREEK CIR.
ORMOND BEACH, FL 32174

New Principal Place of Business:

810 FENTRESS COURT
130
DAYTONA BEACH, FL 32117

Current Mailing Address:

8 BROAD CREEK CIR.
ORMOND BEACH, FL 32174

New Mailing Address:

810 FENTRESS COURT
130
DAYTONA BEACH, FL 32117

FEI Number: 31-1819152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B-1
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CURTIS, W. TIMOTHY
Address: 8 BROAD CREEK CIR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: DEADAMS INVESTMENTS, LLC
Address: 5 HIGH BLUFF WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: RIDDER, STEVE
Address: 15 TOMOKA COVE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: MAJERLE, ED
Address: 5779 LAKE AVE. SOUTH
City-St-Zip: TOWER, MN 55790

Title: MGRM
Name: FRERICHS, PAUL
Address: 198 WILDWOOD BAY DRIVE
City-St-Zip: MAHTOMDEI, MN 55115

Title: MGRM
Name: NELSON, CRAIG
Address: 4650 MOCCASIN POINT ROAD
City-St-Zip: TOWER, MN 55790

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: W. TIMOTHY CURTIS

PRES

03/16/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date