

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020625

Entity Name: SON, L.L.C.

FILED  
Apr 01, 2009  
Secretary of State

**Current Principal Place of Business:**

1167 3RD STREET SOUTH, SUITE 102  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

10350 BREN ROAD WEST  
MINNETONKA, MN 55343

**New Mailing Address:**

FEI Number: 81-0617002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: DP ( ) Delete  
Name: BEDNAROWSKI, KEITH P  
Address: 10350 BREN RD WEST  
City-St-Zip: MINNETONKA, MN 55343

Title: DVPS ( ) Delete  
Name: CAMPA, LUZ  
Address: 10350 BREN RD WEST  
City-St-Zip: MINNETONKA, MN 55343

Title: VT ( ) Delete  
Name: FLANNIGAN, SUZANNE  
Address: 10350 BREN RD WEST  
City-St-Zip: MINNETONKA, MN 55343

Title: S ( ) Delete  
Name: BOZESKY, MARGARET A  
Address: 10350 BREN RD W  
City-St-Zip: MINNETONKA, MN 55343

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SUZANNE FLANNIGAN

VT

04/01/2009

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