2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 27, 2004 8:00 am Secretary of State

2/1

02-12-2004 90119 006 ****50 00

Entity Nam	MENT # L03000054 MINNEAPOLIS, LLC	695	-			02-12-	-2004 90119 006	******50.00		
Principal Plac	e of Business	Mailing Address] ·					
5585 RIO VISTA DRIVE CLEARWATER, FL 33760		5585 RIO VISTA DRIVE CLEARWATER, FL 33760		L IPAIrau en						
9 Principal D	lace of Dusinger	2 Mailing Address			}					
2. Principal Place of Business		3. Mailing Address				EBIH LUIÐ BULLURÐI BUÐ LUIÐI	STIETE IN JOE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032004	Chg-LLC	CR2E083 (10/03)) 			
City & State		City & State		4. FELNumb	- 050	6492	Applied For Not Applicable			
Zîp	Country	Zip	Count	ľу	5. Certificate	5. Certificate of Status Desired				
	5. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent			
WAPHILD	ST-PETERS-	پدهد اندر چين ، د <u>سينۍ د راچد</u>		Name	د مقاشده در بردی د د					
5585 RIO	VISTA DRIVE ATER, FL 33760			Street Address	s (P.O. Box Numb	er is Not Accepta	ble)			
		•								
				City	<u> </u>		FL Zp C			
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 of	and diffe II and a state of the								
	Selection of October Co. December 1-distribution of Selection of Selec	IND THE EXPERIMENT (NO:	TE: Pegistare	d Agent signature requi	ired when reinstating)		DATE			
) F	iling Fee is \$50.00 ue by May 1, 2004	and the Lappezzon. (NO.	TE: Pegistarei	d Agent signature requi	ired when reinstating)		ake check payable to da Department of St			
) Fi			TE: Registered	d Agent signatura requi	ired when reinstating)	Flori	aka check payable to			
O. TITLE	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE				ired when reinstating)	Flori	ake check payable to ida Department of St	ate		
D. TITLE NAME	Illing Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE MGRM PODS, INC.	RS/MANAGERS	10.	E	ired when reinstating)	Flori	ake check payable to ida Department of St IS/CHANGES	ate		
O. TITLE	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS	10. TITLE NAME STRE	E E EET ADDRESS	ind when reinstating)	Flori	ake check payable to ida Department of St IS/CHANGES	ate		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Illing Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE MGRM PODS, INC.	RS/MANAGERS Delete	10. TITLE NAM STRE CITY	E ET ADDRESS -ST-ZIP	ined when reinstating)	Flori	ake check payable to ida Department of St IS/CHANGES	ate		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS	10. TITLE NAME STRE	E ET ADDRESS -ST-ZIP	ined when reinstating)	Flori	ake check payable to ida Department of St IS/CHANGES	ate		
0. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Delete	10. TITLE NAME STREE CITY TOTAL NAME STREE	E ET ADORESS -ST-ZIP E E ET ADORESS	ined when reinstating)	Flori	ake check payable to ida Department of St IS/CHANGES	ate		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Delete	10. TITLE NAME STRE CITY TITLE NAME STRE CITY	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	ined when reinstating)	Flori	ake check payable to ida Department of St IS/CHANGES Change	Addition Addition		
O. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Delete	TIO. TITLE NAME STREE CITY TOTAL NAME STREE CITY TITLE	E ET ADDRESS -ST-ZIP : E ET ADDRESS -ST-ZIP	ined when reinstating)	Flori	ake check payable to ida Department of St IS/CHANGES	Addition Addition		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Delete	10. TITLE NAME STREE CITY TOTAL NAME STREE CITY TOTAL NAME NAME NAME	E ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E	ired when reinstating)	Flori	ake check payable to ida Department of St IS/CHANGES Change	Addition Addition		
O. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Delete	10. TITLE NAME STREE CHY TOTAL NAME STREE CHY TITLE NAME STREE CHY TITLE NAME STREE	E ET ADDRESS -ST-ZIP : E ET ADDRESS -ST-ZIP	ired when reinstating)	Flori	ake check payable to ida Department of St IS/CHANGES Change	Addition Addition		
O. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Delete	10. TITLE NAME STREE CHY TOTAL NAME STREE CHY TITLE NAME STREE CHY TITLE NAME STREE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ined when reinstating)	Flori	ake check payable to ida Department of St IS/CHANGES Change	Addition Addition		
O. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Deletz Deletz	10. TITLE NAME STREE CHY TOTAL NAME STREE CHY TITLE NAME STREE CHY TITLE NAME STREE CHY TITLE NAME STREE CHY	E ET ADDRESS - ST-ZIP E E	ined when reinstating)	Flori	ake check payable to kia Department of St IS/CHANGES Change	Addition Addition		
O. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Deletz Deletz	10. TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE	E E ADORESS - ST-ZIP E E ADORESS - ST-ZIP E E ET ADORESS - ST-ZIP E E ET ADORESS	ined when reinstating)	Flori	ake check payable to kia Department of St IS/CHANGES Change	Addition Addition		
O. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE MAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Delete Delete	10. TITLE NAME STREE CITY TOTAL NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY	E E ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E T-ADDRESS - ST-ZIP E E T-ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP	ined when reinstating)	Flori	ake check payable to kda Department of St IS/CHANGES Change Change Change	Addition Addition Addition		
O. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Deletz Deletz	10. TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE	E ET ADDRESS - ST-ZIP E ET ADDRESS	ined when reinstating)	Flori	ake check payable to kia Department of St IS/CHANGES Change	Addition Addition Addition		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAARE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Delete Delete	10. TITLE NAME STREE CITY	E E ET ADDRESS -ST-ZIP E E ET ADDRESS	ined when reinstating)	Flori	ake check payable to kda Department of St IS/CHANGES Change Change Change	Addition Addition Addition		
O. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Delete Delete Delete	10. TITLE NAME STREE CHY	E ET ADDRESS -ST-ZIP	ined when reinstating)	Flori	ake check payable to kia Department of St IS/CHANGES Change Change Change Change	Addition Addition Addition Addition		
O. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Delete Delete	10. TITLE NAMES STREET CITY	E ET ADDRESS -ST-ZIP E ET ADDRESS	ined when reinstating)	Flori	ake check payable to kda Department of St IS/CHANGES Change Change Change	Addition Addition Addition Addition		
O. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM PODS, INC. 5585 RIO VISTA DRIVE	RS/MANAGERS Delete Delete Delete	10. TITLE NAME STREE CITY	E ET ADDRESS -ST-ZIP E ET ADDRESS	ined when reinstating)	Flori	ake check payable to kia Department of St IS/CHANGES Change Change Change Change	Addition Addition Addition Addition		

: 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: Cata Supplied	2/5/	04	<888>776-7637
SIGNATURE AND TYPED OR PRINTED NAME OF SKINING MANAGOND MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV	<u> </u>	Date	Deyline Phone €