


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

May 31, 2005 8:00 am
Secretary of State

04-26-2005 90013 019 ****50.00

DOCUMENT # L04000031719 1. Entity Name SOUTH PASS, LLC					
Principal Place of Business 1072 GOODLETTE ROAD NAPLES FL 34102			Mailing Address 1937 SOUTH GREELY STILLWATER MN 55082		
2. Principal Place of Business 1909 St. Croix Tr. N. Suite, Apt. #, etc.		3. Mailing Address 1909 St. Croix Tr. N. Suite, Apt. #, etc.			
City & State Stillwater, MN Zip 55082		City & State Stillwater MN Zip 55082		Country Washington	
4. FEI Number 20-1044663		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KRAUS & BALLENGER, P.A. 1072 GOODLETTE ROAD NAPLES FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAUSE, JEFFREY G 1937 SOUTH GREELY STILLWATER MN 55082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 35%; text-align: right;"> 4/18/05 (651) 436-8008 <small>Date Daytime Phone #</small> </div> </div>					