

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90021 020 \*\*\*\*50.00

<b>DOCUMENT # L04000080712</b> 1. Entity Name <b>MINNESOTA/ORANGE PARK ASSOCIATES, LLC</b>					
Principal Place of Business <b>4425 PONCE DE LEON BLVD. 4TH FLOOR CORAL GABLES, FL 33146</b>			Mailing Address <b>4425 PONCE DE LEON BLVD. 4TH FLOOR CORAL GABLES, FL 33146</b>		
2. Principal Place of Business <b>150 Park Ave.</b>		3. Mailing Address <b>150 Park Ave.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Orange Park, FL</b>		City & State <b>Orange Park, FL</b>		4. FEI Number <b>30-0282610</b>	
Zip <b>32073</b>		Country <b>Clay</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32073</b>		Country <b>Clay</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD. 4TH FLOOR CORAL GABLES, FL 3146</b>			7. Name and Address of New Registered Agent Name <b>Susan Hill</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 Park Ave.</b> City <b>Orange Park</b> <b>FL</b> Zip Code <b>32073</b>		
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 <u><i>Susan M. Hill</i></u> <b>SUSAN M. HILL</b> <span style="float: right;">4/3/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM QUINT, DAVID <input checked="" type="checkbox"/> Delete 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition Robert S. Snyder 120 South Sixth St., Suite 1100 Minneapolis, MN 55402	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Delete ERTEL, DAVID 4425 PONCE DE LEON BLVD 4TH FL CORLA GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition Roger Zahn 120 South Sixth St., Suite 1100 Minneapolis, MN 55402	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP <input checked="" type="checkbox"/> Delete BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFM <input type="checkbox"/> Change <input type="checkbox"/> Addition David Hoiland 120 South Sixth St., Suite 1100 Minneapolis, MN 55402	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP <input checked="" type="checkbox"/> Delete WEGNER, ROBERT A 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33156		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP <input checked="" type="checkbox"/> Delete OPPENHEIM, ROBERT 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP <input checked="" type="checkbox"/> Delete FISCHER, JOHN H 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Robert S. Snyder</i></u> <b>CHIEF MANAGER</b>			Date <u>4/21/06</u> Daytime Phone # <u>612-573-3683</u>		

ATTACHMENT

20039057

#LD4000080712

FURBER TIMMER ZAHN, PLLP

ATTORNEYS AT LAW

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April 21, 2006

Division of Corporation  
P.O. Box 6478  
Tallahassee, FL 32314

RE: Minnesota/Orange Park Associates, LLC

Dear Sir or Madam:

Enclosed please find the original 2006 Annual Report for the above reference limited liability company, along with a check in the amount of \$50.00 to cover the filing fee.

Thank you for your assistance in this matter.

Sincerely,

FURBER TIMMER ZAHN, PLLP



Melissa Kasprovicz

Enclosure