

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # **L04000080712**

1. Entity Name
MINNESOTA/ORANGE PARK ASSOCIATES, LLC



Principal Place of Business

**150 PARK AVE
ORANGE PARK, FL 32073**

Mailing Address

**150 PARK AVE
ORANGE PARK, FL 32073**

DO NOT WRITE IN THIS SPACE



04102008 No. g-LI... CR2E83 (1/07)

4. FEE Number

30-0282610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, SUSAN
150 PARK AVE
ORANGE PARK, FL 32073**

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IN THIS SPACE**

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 and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000896150
04/24/08-80096-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SNYDER, ROBERT S
120 S SIXTH ST STE 1100
MINNEAPOLIS, MN 55402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ZAHN, ROGER
120 S SIXTH ST STE 1100
MINNEAPOLIS, MN 55402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CF
HOLLAND, DAVID
120 S SIXTH ST STE 1100
MINNEAPOLIS, MN 55402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Susan M. Hill C.M. 4/10/08 904-278-1560