


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90005 023 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                 |                                                                  |                                                                                   |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # L05000033211</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                 |                                                                  |  |                                   |
| 1. Entity Name<br>FLORIDA MEMORIES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                 |                                                                  |                                                                                   |                                   |
| Principal Place of Business<br>3022 SHOREWOOD LANE<br>ROSEVILLE, MN 55113 US                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                 | Mailing Address<br>3022 SHOREWOOD LANE<br>ROSEVILLE, MN 55113 US |                                                                                   |                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                 | 3. Mailing Address                                               |                                                                                   |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                 | Suite, Apt. #, etc.                                              |                                                                                   |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                 | City & State                                                     |                                                                                   |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country             | Zip                             | Country                                                          | 4. FEI Number<br>27-0120068                                                       |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                 |                                                                  | Applied For<br>Not Applicable                                                     |                                   |
| 6. Name and Address of Current Registered Agent<br>CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                          |                     |                                 |                                                                  | 7. Name and Address of New Registered Agent                                       |                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                 |                                                                  | Name                                                                              |                                   |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                 |                                                                  | Street Address (P.O. Box Number is Not Acceptable)                                |                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                 |                                                                  | City                                                                              |                                   |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                 |                                                                  | Zip Code                                                                          |                                   |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                 |                                                                  |                                                                                   |                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                 |                                                                  | Make check payable to<br>Florida Department of State                              |                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                 | 10. ADDITIONS/CHANGES                                            |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGRM                | <input type="checkbox"/> Delete | TITLE                                                            | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ZUBRZYCKI, JAMES    |                                 | NAME                                                             |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3022 SHOREWOOD LANE |                                 | STREET ADDRESS                                                   |                                                                                   |                                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ROSEVILLE, MN 55113 |                                 | CITY - ST - ZIP                                                  |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | <input type="checkbox"/> Delete | TITLE                                                            | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                 | NAME                                                             |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                 | STREET ADDRESS                                                   |                                                                                   |                                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                 | CITY - ST - ZIP                                                  |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | <input type="checkbox"/> Delete | TITLE                                                            | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                 | NAME                                                             |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                 | STREET ADDRESS                                                   |                                                                                   |                                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                 | CITY - ST - ZIP                                                  |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | <input type="checkbox"/> Delete | TITLE                                                            | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                 | NAME                                                             |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                 | STREET ADDRESS                                                   |                                                                                   |                                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                 | CITY - ST - ZIP                                                  |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | <input type="checkbox"/> Delete | TITLE                                                            | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                 | NAME                                                             |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                 | STREET ADDRESS                                                   |                                                                                   |                                   |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                 | CITY - ST - ZIP                                                  |                                                                                   |                                   |
| 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>James Zubrzycki</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                 | DATE: <u>1/12/06</u>                                             |                                                                                   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                 | DAYTIME PHONE # <u>(651) 631-3752</u>                            |                                                                                   |                                   |

00000748



01062006 Chg-LLC CR2E083 (11/05)



ATTACHMENT

# 30000748

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2006

FLORIDA MEMORIES, LLC  
3022 SHOREWOOD LANE  
ROSEVILLE, MN 55113 US

Subject: FLORIDA MEMORIES, LLC

Reference Number: E05000033211

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION