2008 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L05000033211** FLORIDA MEMORIES, LLC **Mailing Address** Principal Place of Business 3022 SHOREWOOD LANE 3022 SHOREWOOD LANE ROSEVILLE, MN 55113 ROSEVILLE, MN 55113 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

PLANTATION, FL 33324

STREET ADDRESS CITY-ST-ZIP

1200 SOUTH PINE ISLAND ROAD

FILED Feb 04, 2008 08:00 AN **Secretary of State**



01302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 27-0120068 Applied Fo Not Applic

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

Obliga	nons of registered agent.		
SIGNATURE.	Signature, typed or printed name of registered agent and life if applicable.	(NOTE: Rogistered Agent algeature required when reinstating)	DAYE
FILE After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZUBRZYCKI, JAMES 3022 SHOREWOOD LANE ROSEVILLE, MN 55113	110000	<u>101 2720</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		02/13/03	-80015-025 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SSPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,
TITLE NAME			

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 acc

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 informat 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.