2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

							LI A C		
DOCUMENT # L05000058794 1. Enlity Name PMP VENTURES, LLC						01-17-2006	_		
Principal Place	e of Business	Mailing Address				20000	733		
417 RIVER STREET 417 RIVER STREET									
MINNEAPOLIS, MN 55401 MINNEAPOLIS,			01						
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					11000 1	E			
2. Principal P	ace of Business	3. Mailing Address							
					II 46101 BMI 6611 66111 96			M M P 444 1 M M4	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01072006	Chg-LLC	CBSEVE	3 (11/05)		
				01012000		CHZEUO	3 (11/03)		
City & State	•	City & State			4. FEI Numb	er ara C to	سم مد ا	Αp	plied For
						5-31288	05	No	it Applicable
Zip	Country	Zip Cour		try	5. Certificate	e of Status Desired	≥ ≥ ≥ ≤	5.00 Add	litional
					5. Certinoal	0.010103 De3#60	F.	ee Require	d
	6. Name and Address of Current F	Registered Agent			7. Name an	d Address of New F	Registered Ag	jent	
				Name					
WILSON, N				Street Add	dress (P.O. Box Numl	er is Not Accentable	<u></u>		
	H ORANGE AVENUE A, FL 34236			Ou cei Ade	areas (r.O. Box Harri	ci is not Acceptable	c,		
37/7301	A, I E 34230								
				City			FL	Zip Code	е
8. The above	named entity submits this statement for	the purpose of changing its r	registere	ed office or re	egistered agent, or be	oth, in the State of FI	orida. I am fa	miliar with,	and accept
	ons of registered agent;		-		- •				,
SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	: Registered	d Agent signature	required when reinstating)		DATE	•	
Fi	ling Fee is \$50.00					Mai	e check pa	yable to	
Due by May 1, 2006						Florid	a Departme	nt of State	В
	450	<u> </u>							
9.	MANAGING MEMBER		10.	-,-		ADDITIONS	/CHANGES		
TITLE	MGRM	□ Defete	TITLE				l	Change	Addition
NAME	TIMOTHY PEAR	20W	NAM	í					
STREET ADDRESS	417 RIVER ST	12 CEHOI		ET ADDRESS					
CITY-ST-ZIP	MINNEAPOLIS,	MNSSIC	CITY	-S1-ZP					
TITLE	AA (2.0 AA)	□ balata	TITLE	E				☐ Change	☐ Addition
NAME	PETER D. PEARSON	AND MARY AND	NAMI						
Street Address	PEAKSON - HUSBANDY	WILE - IENAMI	SIRE	ET ADDRESS -ST-ZIP					
CITY-ST-ZIP	MINNEAPOL!	S, MN 55401	CULA	-S1-2P					
TITLE	MGRM	Delete	TITLE	E .		<u> </u>		Change	Addition
NAME	JOSEPH T. MALLOF			Ε				_ •	_
STREET ADDRESS	MALLOF - HOSBAND	BY ENTIRETIE	STRE	ET ADDRESS					
CITY-ST-ZIP	MINNEA POLI	5, MN 55401		-ST-ZIP					
TITLE	MGR	☐ Delete	TITLE			•		Change	Addition
NAME	PETER D. PEARSON		NAMI	E			·		
STREET ADDRESS	417 RIVER ST		STRE	ET ADDRESS					
CITY-ST-ZIP	MINNEAPOLIS, MN 55401		CITY	·ST · ZIP					
TITLE	MGR	☐ Delete	TITLE					☐ Change	Addition
NAME	VIRGINIA E. MALLOF		NAMI						
STREET ADDRESS	S UINGER OF			ET ADDRESS					
CITY-ST-ZIP			1	-SI-ZIP					
TITLE	7-111010-5-10		1				· .	Channa	
NAME		Detete	TITLE	1				Change	Addition
STREET ADDRESS									
CITY-ST-ZIP				ET ADDRESS					
				-SI-ZIP					
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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: Peter D. Granson	1	Ju	106	651-335-337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESE	NTATIVE	Dat		Daytime Phone #