


## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN -8 AM 9:47

|   |   |
|---|---|
| <b>DOCUMENT # L05000077586</b><br>1. Entity Name<br>PALMETTO RIDGE ESTATES DEVELOPMENT, LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>5354 PARKDALE DRIVE, SUITE 350<br>ST LOUIS PARK, MN 55416 | Mailing Address<br>5354 PARKDALE DRIVE, SUITE 350<br>ST LOUIS PARK, MN 55416 |
|--|--|

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01032007 No Chg-LLC      CR2E083 (11/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>20-3273966   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                               |

|   |                               |
|---|-------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>GREEN, PATRICIA K<br>2200 MUSEUM TOWER<br>150 WEST FLAGLER STREET<br>MIAMI, FL 33130 | DO NOT WRITE<br>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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$50.00  
 Due by May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS |                                |
|------------------------------|--------------------------------|
| TITLE                        | MGR                            |
| NAME                         | OLIVER, TIMOTHY J              |
| STREET ADDRESS               | 6465 WAY ZATAN BLVD SUITE 304  |
| CITY - ST - ZIP              | ST. LOUIS PARK, MN 55426       |
| TITLE                        | MGR                            |
| NAME                         | LARSON, BRUCE E                |
| STREET ADDRESS               | 5354 PARKDALE DRIVE, SUITE 350 |
| CITY - ST - ZIP              | ST LOUIS PARK, MN 55416        |
| TITLE                        |                                |
| NAME                         |                                |
| STREET ADDRESS               |                                |
| CITY - ST - ZIP              |                                |
| TITLE                        |                                |
| NAME                         |                                |
| STREET ADDRESS               |                                |
| CITY - ST - ZIP              |                                |
| TITLE                        |                                |
| NAME                         |                                |
| STREET ADDRESS               |                                |
| CITY - ST - ZIP              |                                |

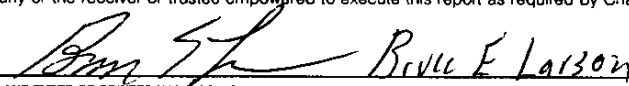
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature 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:**  **1/3/06** 952 543 2455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #