

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101626

Entity Name: EEI, L.L.C.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

1237 ANHINGA LANE
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

11560 PALISADES AVENUE NORTH
STILLWATER, MN 55082

New Mailing Address:

11560 PALISADE AVENUE NORTH
STILLWATER, MN 55082

FEI Number: 20-3624421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURTY, TIMOTHY J ESQ
1633 PERIWINKLE WAY
SUITE A
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODENBURG, STEVEN J
Address: 11560 PALISADES AVENUE NORTH
City-St-Zip: STILLWATER, MN 55082

Title: MGRM () Delete
Name: RODENBURG, DENISE P
Address: 11560 PALISADES AVENUE NORTH
City-St-Zip: STILLWATER, MN 55082

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RODENBURG, STEVEN J
Address: 11560 PALISADE AVENUE NORTH
City-St-Zip: STILLWATER, MN 55082

Title: MGRM (X) Change () Addition
Name: RODENBURG, DENISE P
Address: 11560 PALISADE AVENUE NORTH
City-St-Zip: STILLWATER, MN 55082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN J. RODENBURG

MGRM

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date