

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021530

Entity Name: GUNFLINT PARTNERS, L.L.C.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

592 DEER RIDGE LN S
MAPLEWOOD, MN 55119

New Principal Place of Business:

Current Mailing Address:

592 DEER RIDGE LN S
MAPLEWOOD, MN 55119

New Mailing Address:

FEI Number: 06-1770763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANE, THOMAS P
3215 GULF SHORE BLVD N
507
NAPLES, FL 34103 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: P () Delete
Name: KANE, THOMAS P
Address: 592 DEER RIDGE LN S
City-St-Zip: MAPLEWOOD, MN 55119

Title: VP,T () Delete
Name: KANE, JOSHUA D
Address: 13316 COMMONWEALTH DR
City-St-Zip: BURNSVILLE, MN 55337

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: KANE, KAREN R
Address: 592 DEER RIDGE LANE SOUTH
City-St-Zip: MAPLEWOOD, MN 55119

I hereby certify that the information supplied with this filing does not qualify 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: KAREN R. KANE

MGR

04/21/2009

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