

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053073

FILED
Jan 15, 2008
Secretary of State

Entity Name: CARDINAL, L.L.C.

Current Principal Place of Business:

1167 3RD STREET SOUTH, SUITE 102
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1167 3RD STREET SOUTH, SUITE 102
NAPLES, FL 34102

New Mailing Address:

C/O ADLER MGMT, LLC - 10350 BREN RD W
MINNETONKA, MN 55343

FEI Number: 20-4925395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: BEDNAROWSKI, KEITH
Address: 10350 BREN ROAD WEST
City-St-Zip: MINNETONKA, MN 55343

Title: MGR () Delete
Name: CAMPA, LUZ
Address: 10350 BREN ROAD WEST
City-St-Zip: MINNETONKA, MN 55343

Title: MGR () Delete
Name: BOZESKY, MARGARET
Address: 10350 BREN ROAD WEST
City-St-Zip: MINNETONKA, MN 55343

ADDITIONS/CHANGES:

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

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

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

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: SUZANNE FLANNIGAN

CONT

01/15/2008

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