2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Sep 10, 2007 8:00 am Secretary of State 09-10-2007 90102 042 ****50.00 DOCUMENT # L06000058441 BAGS OF MINNESOTA, LLC Principal Place of Business Mailing Address 60055709 621 E. WASHINGTON STREET, SUITE 8 621 E. WASHINGTON STREET, SUITE 8 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08302007 Chg-LLC CR2E083 (12/06) City & State 4._FEI Number Applied For City & State 20-5005026 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent F&L CORP Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202-5017 City Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 14, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change ☐ Addition MGR THLE TITLE MATEER, CRAIG C Delete MATEER CRAIG C NAME NAME 6751 FORUM DRIVE 621 E. WASHINGTON STREET, SUITE 8 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32801 CHY-SI-7P **SUITE 230** CITY-ST-ZIP ORLANDO, FL 32821-8089 _ _ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP ☐ Change ☐ Addition HILE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-\$1-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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