

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061614

FILED  
Feb 14, 2009  
Secretary of State

Entity Name: EUROPEAN COBBLESTONE LLC

**Current Principal Place of Business:**

540 BEACH ROAD  
548A  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

2745 MAPLEWOOD CIRCLE WEST  
WAYZATA, MN 55391

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKENNA, WILLIAM H  
540 BEACH ROAD  
548A  
SARASOTA, FL 34242 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: MCKENNA, WILLIAM H  
Address: 548 BEACH ROAD #548A  
City-St-Zip: SARASOTA, FL 34242

Title: MEMB ( ) Delete  
Name: MCKENNA, WILLIAM D  
Address: 3447 CLAY STREET  
City-St-Zip: DENVER, CO 80211

Title: MEMB ( ) Delete  
Name: MCKENNA, MORAGHAN  
Address: 2745 MAPLEWOOD CIRCLE WEST  
City-St-Zip: WAYZATA, MN 55391

**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: WILLIAM H MCKENNA

MM

02/14/2009

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