

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107023

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** SHELTER VENICE COVE LLC

**Current Principal Place of Business:**

1600 HOPKINS CROSSROADS  
MINNEAPOLIS, MN 553052026

**New Principal Place of Business:**

1600 HOPKINS CROSSROAD  
MINNEAPOLIS, MN 553052026

**Current Mailing Address:**

1600 HOPKINS CROSSROADS  
MINNEAPOLIS, MN 553052026

**New Mailing Address:**

1600 HOPKINS CROSSROAD  
MINNEAPOLIS, MN 553052026

FEI Number: 20-5988055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MR ( ) Delete  
Name: GARRETT, CARLSON  
Address: 1600 HOPKINS CROSSROAD  
City-St-Zip: MINNETONKA, MN 55305

**ADDITIONS/CHANGES:**

Title: MR (X) Change ( ) Addition  
Name: GARRETT, CARLSON JR  
Address: 1600 HOPKINS CROSSROAD  
City-St-Zip: MINNEAPOLIS, MN 553052026

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: GARRETT CARLSON, JR

MR

04/29/2008

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