

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB -3 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #L95000000255

NAPLES 3, L.C.

~~3936 TAMiami TRAIL NORTH~~

~~SUITE B~~

~~NAPLES FL 33940~~

1a. Principal Place of Business Address

~~3936 TAMiami TRAIL NORTH~~

~~SUITE B~~

~~NAPLES FL 33940~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

6704 Apache Road

Suite, Apt. #, etc.

2a. Mailing Address

6704 Apache Road

Suite, Apt. #, etc.

City & State

Edina, Minnesota

City & State

Edina, Minnesota

Zip

55439

Country

U.S.A.

Zip

55439

Country

U.S.A.

3. Date Organized or Qualified

03/29/1995

3a. State of Formation

FL

4. FEI Number

65-0567644

☐ Applied For

☐ Not Applicable

5. Date of Last Report

04/08/1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

VOGEL, JAMES D
3936 TAMiami TRAIL NORTH
SUITE B
NAPLES FL 33940

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

200002079092--7
-02/05/97--01096--022

City

***20375 Code ***203.75

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM GISSELBECK, ROBERT V

3936 TAMiami TRAIL NORTH,

NAPLES FL

MGRM BEERY, CHARLES W

6704 APACHE RD.

EDINA MN

MGRM GRIEVE, PIERSON

ECOLAB CENTER, OSBURN BLDG ST. PAUL MN

B2-4-97

11. I do hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Charles W. Beery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Jan. 28, 1997