2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

FILED

99 AUG 18 AM 10:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

8/20

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 588.75 | Annual Report $100.00 + $88.75 Corporation Supplemental Fee + $400.00 Late Fee | Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L98000001568

1. Name and Mailing Address of Limited Liability Company

ELK SENIOR DEVELOPERS, LLC
~~[illegible]~~
3 ORCHARD LANE
EDINA, MN 55436

1a. Principal Place of Business Address

~~[illegible]~~
3 ORCHARD LANE
EDINA, MN 55436

2. Principal Place of Business	2a. Mailing Address
3 ORCHARD LANE	3 ORCHARD LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EDINA, MN	City & State: EDINA, MN
Zip: 55436 Country: USA	Zip: 55436 Country: USA

3. Date Organized or Qualified: 08/24/1998
3a. State of Formation: FL
4. FEI Number: 41-1921059 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 8/24/98
6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
400002963734--5
-08/25/99--01065--004
Suite, Apt. #, etc.
****588.75 ****588.75
City: FL Zip Code

9. Pursuant to the provisions of Sections 608.415 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 8/6/99
(Registered Agent Acceptance Above Signature) NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
~~MGRM~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~
MGRM	LABOSKY, JOHN J	3 ORCHARD LANE	EDINA, MN 55436
MGRM	KOENS, ROBERT B	2 BELL ST.	EXCELSIOR, MN 55331

11. I do hereby certify that the information supplied with 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: JOHN J. LABOSKY 8/6/99 (651) 291-8601
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR MANAGER — DATE — DAYTIME PHONE #

INHSE10 R (6/99)

08/02/99 5:51PM; [illegible] #762; Page 2/2
612 548 1003;