

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90017 041 ****50.00

DOCUMENT # L98000003435

1. Entity Name
MINNEWAUKAN, L.L.C.



Principal Place of Business
**3518 SPRINGLAND DRIVE
ORLANDO, FL 32818**

Mailing Address
**3518 SPRINGLAND DRIVE
ORLANDO, FL 32818**

24056060



03102004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3558173

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLEMING, CAROLE J
3518 SPRINGLAND DRIVE
ORLANDO, FL 32818**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FLEMING, CAROLE J
STREET ADDRESS	3518 SPRINGLAND DRIVE
CITY - ST - ZIP	ORLANDO, FL 32818
TITLE	MGRM
NAME	SCHULTZ, ROSEMARY
STREET ADDRESS	545 MAIN STREET 545 Main Street
CITY - ST - ZIP	HUTCHINSON, MN 55350
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Carole Fleming 4.12.04 407 245 0430