

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001201

1. Entity Name

HTW INVESTMENT PARTNERS L.L.C.

FILED

01 JAN 22 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

527 MARQUETTE AVENUE
MINNEAPOLIS MN 55402

Mailing Address

527 MARQUETTE AVENUE
MINNEAPOLIS MN 55402

2. Principal Place of Business

527 Marquette Avenue

3. Mailing Address

527 Marquette Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1000

Suite 1000

City & State

Minneapolis, MN

City & State

Minneapolis, MN

Zip

Country

55402-1302

Zip

Country

55402-1302

4. FEI Number

41-1802735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM HAUSER, RICHARD J
STREET ADDRESS 527 MARQUETTE AVENUE
CITY-ST-ZIP MINNEAPOLIS MN 55402 ☒ Delete

TITLE NAME MGRM TRAUTZ, JOHN C
STREET ADDRESS 527 MARQUETTE AVENUE
CITY-ST-ZIP MINNEAPOLIS MN 55402 ☐ Delete

TITLE NAME MGRM DRIESSEN, VINCENT J
STREET ADDRESS 527 MARQUETTE AVENUE
CITY-ST-ZIP MINNEAPOLIS MN 55402 ☐ Delete

TITLE NAME MGRM WOZNAK, DANIEL D JR.
STREET ADDRESS 527 MARQUETTE AVENUE
CITY-ST-ZIP MINNEAPOLIS MN 55402 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003582414--9
CITY-ST-ZIP -01/26/01--01141--007

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)