2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # M00000002517** 94-16-2004 90411 045 ****50.00 NATH JULINGTON CREEK, LLC Principal Place of Business Mailing Address 900 EAST 79TH STREET, #300 900 EAST 79TH STREET, #300 BLOOMINGTON, MN 55420-1392 BLOOMINGTON, MN 55420-1392 2. Principal Place of Business 3. Mailing Address 900 AMERICAN BLVD. E 900 AMERICAN BUDE Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 Cha-LLC CR2E083 (10/03) #300 #300 Applied For City & State City & State 4. FEI Number BLOOMINGTON, MN BLOOM INGTON, MN 41-1974691 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 55420-1392 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, LORI Address (P.O. Box Number is Not Acceptable) 3949 N MILITARY TRAI: BISCAUNE BLUD. WEST PALM BEACH, FL 33409 City AVENTURA 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. LORI HALL 4.08.04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition NATH, MAHENDRA NAME NAMÉ 900 AMERICAN BLUD. E., #300 STREET ADDRESS 900 EAST 79TH STREET, #300 STREET ADDRESS CITY-ST-ZIP BLOOMINGTON, MN 554201392 CITY-ST-ZIP BLOOMINGTON, MN 55420-1392 MGR Change TITLE ☐ Delete TITLE Addition NATH, ASHA NAME NAME 900 AMERICAN BLUD. E., #300 STREET ADDRESS 900 EAST 79TH STREET, #300 STREET ADDRESS BLOOMINGTON, MN 554201392 CITY-ST-ZIP CITY-ST-ZIP BLOOMINGTON, MN 55420-1392 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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