

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90436 022 ****50.00



DOCUMENT # M01000000611
 1. Entity Name
TURBINE CONSULTANTS, LLC

Principal Place of Business
**333 SOUTH 7TH STREET, SUITE 2400
 MINNEAPOLIS, MN 55402**

Mailing Address
**29 BRITISH AMERICAN BLVD.
 LATHAM, NY 12110**

24022529



2. Principal Place of Business
5405 N. 118th Court

3. Mailing Address
 Suite, Apt. #, etc.

02202004 Chg-LLC CR2E083 (10/03)

City & State
Milwaukee, WI

City & State

4. FEI Number
41-1992958

Applied For
 Not Applicable

Zip
53225

Country

Zip

Country

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
 Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

DEPARTMENT OF STATE
 FOR DEPOSIT ONLY

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RASMUSSEN, DAVID 333 SOUTH 7TH STREET, SUITE 2400 MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEIGH, MICHAEL 333 SOUTH 7TH STREET, SUITE 2400 MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LUCK, FRED 333 SOUTH 7TH STREET, SUITE 2400 MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILLER, F. CLAYTON 333 SOUTH 7TH STREET, SUITE 2400 MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MURPHY, TIMOTHY S 4200 IDS CENTER, 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5405 N. 118 th Court Milwaukee, WI 53225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 596 Ruskin, FL 33575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29 British American Blvd. Latham, NY 12110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frederick Luck (FO) **2/20/04** **(518) 399-3616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #