LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State
09-15-2002 90091 022 ****55.00

DOCUMENT # M01000000923

1. Entity Name

CONDO 500 LLC

DO NOT WRITE IN THIS SPACE

980721

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
934 ELTON HILLS COURT NW	934 ELTON HILLS COURT NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROCHESTER MN	City & State: ROCHESTER MN
Zip: 55901 Country: USA	Zip: 55901 Country: USA

4. FEI Number: 41-1996142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPDIRECT AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 103 N. MERIDIAN STREET

City: TALLAHASSEE FL Zip Code: 32301

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	PRESIDENT
NAME	CAROL KAMPER (MGRM)
STREET ADDRESS	2204 VALKYRIE DR. NW
CITY-ST-ZIP	ROCHESTER MN 55901
TITLE	FIRST VICE PRESIDENT
NAME	MARYELLEN CARR (MGRM)
STREET ADDRESS	934 ELTON HILLS COURT NW
CITY-ST-ZIP	ROCHESTER MN 55901
TITLE	SECOND VICE PRESIDENT
NAME	BARB WENTINK (MGRM)
STREET ADDRESS	2809 RIVERWOOD LANE NW
CITY-ST-ZIP	ROCHESTER MN 55901
TITLE	TREASURER
NAME	JEAN PETRICKA (MGRM)
STREET ADDRESS	2313 4TH AVE NW
CITY-ST-ZIP	ROCHESTER MN 55901
TITLE	SECRETARY
NAME	CLAUDIA BENDEL (MGRM)
STREET ADDRESS	2515 6TH AVE NW
CITY-ST-ZIP	ROCHESTER MN 55901
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CR2E083B (12/01)

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: Jean A Petricka 9/11/02 507-289-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #