

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002619

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** OSBORNE PROPERTIES GP, LLC

**Current Principal Place of Business:**

523 SOUTH 8TH STREET  
MINNEAPOLIS, MN 55404

**New Principal Place of Business:**

**Current Mailing Address:**

523 SOUTH 8TH STREET  
MINNEAPOLIS, MN 55404

**New Mailing Address:**

**FEI Number:** 41-2019862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ENGELSMA, BRUCE W MGR  
Address: 523 SOUTH 8TH STREET  
City-St-Zip: MINNEAPOLIS, MN 55404

Title: MGR  
Name: ENGELSMA, DANIEL W MGR  
Address: 4210 WEST OLD SHAKOPEE ROAD  
City-St-Zip: BLOOMINGTON, MN 55437

Title: MGR  
Name: DIESSNER, DENNIS G MGR  
Address: 420 GATEWAY BOULEVARD  
City-St-Zip: BURNSVILLE, MN 55337

Title: MGR  
Name: SCHMIDT, PATRICIA J MGR  
Address: 420 GATEWAY BOULEVARD  
City-St-Zip: BURNSVILLE, MN 55337

Title: MGR  
Name: KAMPF, MARK N MGR  
Address: 420 GATEWAY BOULEVARD  
City-St-Zip: BURNSVILLE, MN 55337

Title: MGR  
Name: MANTHE, ROSEMARY A MGR  
Address: 523 SOUTH 8TH STREET  
City-St-Zip: MINNEAPOLIS, MN 55404

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROSEMARY A. MANTHE

MGR

04/11/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date