

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90411 047 \*\*\*\*50.00

**DOCUMENT # M02000000706**

1. Entity Name  
NATH SPE TWO, LLC



Principal Place of Business  
900 EAST 79TH STREET, SUITE 300  
BLOOMINGTON, MN 55420

Mailing Address  
900 EAST 79TH STREET, SUITE 300  
BLOOMINGTON, MN 55420



2. Principal Place of Business  
900 AMERICAN BLVD. E.

3. Mailing Address  
900 AMERICAN BLVD. E.

Suite, Apt. #, etc.  
#300

Suite, Apt. #, etc.  
#300

04082004 Chg-LLC CR2E083 (10/03)

City & State  
BLOOMINGTON, MN

City & State  
BLOOMINGTON, MN

4. FEI Number  
-APPLIED FOR 03-0404752

Applied For  
Not Applicable

Zip Country  
55420-1392 USA

Zip Country  
55420-1392 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HALL, LORI  
2949 N. MILITARY TRAIL  
BURGER KING #5777  
WEST PALM, FL 33409

**7. Name and Address of New Registered Agent**

Name  
LORI HALL  
Street Address (P.O. Box Number is Not Acceptable)  
20403 BISCAYNE BLVD.  
BURGER KING #6224  
City  
AVENTURA FL Zip Code  
33180

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 Lori Hall

Lori Hall

4.08.04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	MGR NATH, MAHENDRA 900 EAST 79TH STREET, SUITE 300 BLOOMINGTON, MN 55420	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATH, ASHA 900 EAST 79TH STREET, SUITE 300 BLOOMINGTON, MN 55420	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEHTA, ASHOK 900 EAST 79TH STREET, SUITE 300 BLOOMINGTON, MN 55420	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTEOUS, PATTY 900 EAST 79TH STREET, SUITE 300 BLOOMINGTON, MN 55420	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATH-WALIA, SHALINI 900 EAST 79TH STREET, SUITE 300 BLOOMINGTON, MN 55420	<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 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
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: Asha-nath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.08.04

Date

952-853-1400

Daytime Phone #