

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000001239

1. Entity Name
ETOR PROPERTIES, LLC



Principal Place of Business

525 LAKE AVENUE SOUTH
DULUTH, MN 55802

Mailing Address

525 LAKE AVENUE SOUTH
DULUTH, MN 55802

DO NOT WRITE IN THIS SPACE



04042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
41-2010697

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, LARRY W
201 WEST FIRST STREET
SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PAULUCCI, JENO F
201 W. FIRST STREET
SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PAULUCCI, MICHAEL J
525 LAKE AVENUE SOUTH
DULUTH, MN 55802

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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04/08/05-80076-011 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #