


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90206 023 \*\*\*\*50.00

<b>DOCUMENT # M02000002185</b> 1. Entity Name <b>DESPATCH HOLDINGS, LLC</b>			
Principal Place of Business <b>63 ST. ANTHONY PARKWAY MINNEAPOLIS, MN 55418</b>		Mailing Address <b>63 ST. ANTHONY PARKWAY MINNEAPOLIS, MN 55418</b>	
2. Principal Place of Business <b>8860 207th St. W.</b> Suite, Apt. #, etc.		3. Mailing Address <b>8860 207th St. W.</b> Suite, Apt. #, etc.	
City & State <b>Lakeville, MN</b> Zip <b>55044</b> Country <b>USA</b>		City & State <b>Lakeville, MN</b> Zip <b>55044</b> Country <b>USA</b>	
4. FEI Number <b>41-0218310</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEYTON, PATRICK J 63 ST. ANTHONY PARKWAY MINNEAPOLIS, MN 55418	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RONNINGEN, GERALDINE A 63 ST. ANTHONY PARKWAY MINNEAPOLIS, MN 55418	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WONG, JULIE A 63 ST. ANTHONY PARKWAY MINNEAPOLIS, MN 55418	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WONG, JULIE A 63 ST. ANTHONY PARKWAY MINNEAPOLIS, MN 55418	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WONG, JULIE A 63 ST. ANTHONY PARKWAY MINNEAPOLIS, MN 55418	<input type="checkbox"/> Delete	<input checked="" 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.			
<b>SIGNATURE:</b> _____		Date <b>1/7/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			