

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002540

1. Entity Name
LOST ACRES INVESTMENTS LLC



Principal Place of Business
7392 AIRPORT VIEW DR SW
#200
ROCHESTER, MN 55902

Mailing Address
P.O. BOX 249
ROCHESTER, MN 55903



03302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0517159

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CLARK, EDWARD D
658 NW 3RD STREET
ROCHESTER, MN 55901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FITZPATRICK, DANIEL
8770 FITZPATRICK LANE
ROCHESTER, MN 55901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCHNEIDER, SCOTT
532 73RD STREET NW
ROCHESTER, MN 55901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CHAFOLIAS, ANDREW C
7392 AIRPORT VIEW DR SW
ROCHESTER, MN 55902

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000149716
05/03/04-80198-006 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 #

4/27/04 (507) 885-5882