

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90692 013 ****50.00

DOCUMENT # M02000002540

1. Entity Name

LOST ACRES INVESTMENTS LLC



Principal Place of Business

Mailing Address

36 WOOD LAKE DRIVE SOUTHEAST
ROCHESTER MN 55904

36 WOOD LAKE DRIVE SOUTHEAST
ROCHESTER MN 55904

2. Principal Place of Business

7392 Airport View Dr SW

3. Mailing Address

PO Box 249

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

City & State

Rochester, MN

City & State

Rochester, MN

Zip

55902

Country

USA

Zip

55902

Country

USA

4. FEI Number

68-0517159

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE MGR
NAME CHAFOULIAS, ANDREW C
STREET ADDRESS 111 SOUTH BROADWAY #301
CITY-ST-ZIP ROCHESTER MN 55904

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

TIMOTHY M. S. [Signature]

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

3/13/03

Date

507 285-5082

Daytime Phone #

CR2E083 (10/02)