


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90133 007 ****50.00

DOCUMENT # M02000002740		
1. Entity Name TWIN CITY CAPITAL, LLC		

Principal Place of Business 1711 W. COUNTY RD B #330N ROSEVILLE, MN 55113	Mailing Address C/O PATRICK D CROCKER 900 COMERICA BLDG KALAMAZOO, MI 49007
---	---

2. Principal Place of Business 7300 Hudson Blvd		3. Mailing Address 7300 Hudson Blvd	
Suite, Apt. #, etc. Suite 265		Suite, Apt. #, etc. Suite 265	
City & State Oakdale MN		City & State Oakdale MN	
Zip 55128	Country USA	Zip 55128	Country USA



05242004 Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2017139		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BLANTON, EDWIN 825 THOMASVILLE RD TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	--	--

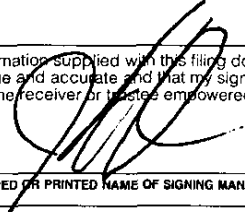
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, JON 1711 W. COUNTY ROAD B #330N ROSEVILLE, MN 55113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7300 Hudson Blvd, Suite 265 Oakdale, MN 55128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OISTAD, LEON 1711 W COUNTY RD B, #330N ROSEVILLE, MN 55113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7300 Hudson Blvd, Suite 265 Oakdale, MN 55128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLMQUIST, JAMES 1711 W COUNTY RD B, #330N ROSEVILLE, MN 55113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7300 Hudson Blvd, Suite 265 Oakdale, MN 55128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, SCOTT 1711 W COUNTY RD B, #330N ROSEVILLE, MN 55113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7300 Hudson Blvd, Suite 265 Oakdale, MN 55128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:  **James Holmquist** **9/8/04** **651-649-3575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #