

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000002740

1. Entity Name
TWIN CITY CAPITAL, LLC



Principal Place of Business

7300 HUDSON BLVD
STE 265
OAKDALE, MN 55128

Mailing Address

7300 HUDSON BLVD
STE 265
OAKDALE, MN 55128



04262005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2017139

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANTON, EDWIN
825 THOMASVILLE RD
TALLAHASSEE, FL 32303

**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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREENE, JON 7300 HUDSON BLVD, STE 265 OAKDALE, MN 55128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OISTAD, LEON 7300 HUDSON BLVD, STE 265 OAKDALE, MN 55128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLMQUIST, JAMES 7300 HUDSON BLVD, STE 265 OAKDALE, MN 55128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WHITE, SCOTT 7300 HUDSON BLVD, STE 265 OAKDALE, MN 55128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/02/05-80082-013 50.00

**DO NOT WRITE
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

4/26/05

651-649-3575

Date

Daytime Phone #