2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # M02000002740

1. Entity Name
TWIN CITY CAPITAL, LLC

Principal Place of Business	Mailing Address
7300 HUDSON BLVD STE 265 OAKDALE, MN 55128	7300 HUDSON BLVD STE 265 OAKDALE, MN 55128

05112006 No Chg-LLC CR2E083 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

U00000564620
05/20/06-80081-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GREENE, JON
STREET ADDRESS	7300 HUDSON BLVD, STE 265
CITY-ST-ZIP	OAKDALE, MN 55128
TITLE	MGR
NAME	OISTAD, LEON
STREET ADDRESS	7300 HUDSON BLVD, STE 265
CITY-ST-ZIP	OAKDALE, MN 55128
TITLE	MGR
NAME	HOLMQIST, JAMES
STREET ADDRESS	7300 HUDSON BLVD, STE 265
CITY-ST-ZIP	OAKDALE, MN 55128
TITLE	MGR
NAME	WHITE, SCOTT
STREET ADDRESS	7300 HUDSON BLVD, STE 265
CITY-ST-ZIP	OAKDALE, MN 55128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jim Holmquist 5/11/06 651-649-3575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #