

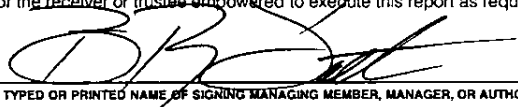


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90040 033 \*\*\*\*50.00

<b>DOCUMENT # M02000002988</b>					
<b>1. Entity Name</b> SCHWAN'S FOOD SERVICE AUTOMATED EQUIPMENT, LLC					
<b>Principal Place of Business</b> 5140 MOUNDVIEW DRIVE RED WING, MN 55066			<b>Mailing Address</b> 5140 MOUNDVIEW DRIVE RED WING, MN 55066		
<b>2. Principal Place of Business</b> 2945 Lone Oak Dr. Suite, Apt. #, etc. 150		<b>3. Mailing Address</b> 115 W. College Dr. Suite, Apt. #, etc.			
<b>City &amp; State</b> Eagan, MN		<b>City &amp; State</b> Marshall, MN			
<b>Zip</b> 55121		<b>Country</b> USA			
<b>Country</b> USA		<b>Zip</b> 56258			
<b>4. FEI Number</b> 81-0572765			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
Name Street Address (P.O. Box Number is Not Acceptable) City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CEOP OBERKFELL, LAWRENCE A 2855 ROLLING PIN LN SUWANEE, GA 30024	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR TRACY, BURR 115 W. COLLAGE DRIVE MARSHALL, MN 56258	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CFO LEONARDI, HARRY G 115 W COLLEGE DR MARSHALL, MN 56258	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VG GLACK, GREGORY 115 W COLLEGE DR MARSHALL, MN 56258	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP Steven Freeman 115 W. College Dr. Marshall, MN 56258
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S PASKACH, DAVID M 115 W COLLEGE DR MARSHALL, MN 56258	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S MGR Brian R. Sauter 115 W. College Dr. Marshall, MN 56258
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	G PIPPIN, M LENNY 115 W COLLEGE DR MARSHALL, MN 56258	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> 				4/25/05 507-532-3274	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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