

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000000185 1. Entity Name MNFL, LLC	
--	---

Principal Place of Business 1129 140TH LANE N.W. ANDOVER, MN 55304	Mailing Address 1129 140TH LANE N.W. ANDOVER, MN 55304
--	--



03212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3644089	Applied for ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SYKES, BRYAN 201 NORTH FRANKLIN STREET STE. 2200 TAMPA, FL 33602
--

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

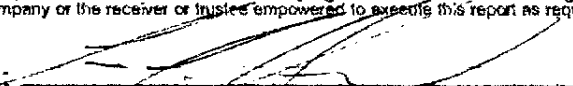
**Filing Fee is \$50.00
Due by May 1, 2006**

1000000497455
04/22/06-80055-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM FRITCH, CHRISTOPHER 1129 140TH LANE N.W. ANDOVER, MN 55304
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM HOWARD, GREGORY 1129 140TH LANE N.W. ANDOVER, MN 55304
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM HOWARD, ANTHONY 1129 140TH LANE N.W. ANDOVER, MN 55304
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM FRITCH, BRAD 1129 140TH LANE N.W. ANDOVER, MN 55304
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4-30-06 (763) 754-2910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DAYC DAYTIME PHONE #