

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 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



02202007 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 <input type="checkbox"/> \$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
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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 registering)

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000648391
03/07/07-80008-002 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/20/07 (763) 734-2910