


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000001447 1. Entity Name SW FLORIDA RESTAURANT HOLDINGS, LLC	
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Principal Place of Business 2800 LASALLE PLAZA, 800 LASALLE AVENUE MINNEAPOLIS, MN 55402	Mailing Address 2800 LASALLE PLAZA, 800 LASALLE AVENUE MINNEAPOLIS, MN 55402
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07052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1560029	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 ROBINS, KAPLAN, MILLER & CIRESI L.L.P. 711 - FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102-6628

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

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CIRESI, MICHAEL 2800 LASALLE PLAZA, 800 LASALLE AVENUE MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYAN, JOSEPH 5125 CITY RD 101 STE 100 MINNETONKA, MN 55345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONLIN, JAN M 2800 LASALLE PLAZA 800 LASALLE AVE MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/11/06-80020-002 50.00

**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

July 10, 2006 *612-349-8218*
Date Daytime Phone