

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90364 001 ***100.00

DOCUMENT # M03000001448

1. Entity Name
SW FLORIDA RESTAURANTS, LLC



Principal Place of Business
2800 LASALLE PLAZA, 800 LASALLE AVENUE
MINNEAPOLIS, MN 55402

Mailing Address
2800 LASALLE PLAZA, 800 LASALLE AVENUE
MINNEAPOLIS, MN 55402

05202004 Chg-LLC CR2E083 (10/03)



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05202004 Chg-LLC CR2E083 (10/03)

4. FEI Number

37-1443873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, 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 September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
CIRESI, MICHAEL
STREET ADDRESS
2800 LASALLE PLAZA, 800 LASALLE AVENUE
CITY-ST-ZIP
MINNEAPOLIS, MN 55402 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
MGRM
FORCIEA, PATRICK
STREET ADDRESS
4932 FREMONT AVENUE SOUTH
CITY-ST-ZIP
MINNEAPOLIS, MN 55409 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Joseph Ryan
5125 City Rd 101, Suite 100
Minnetonka, Minnesota 55345 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Jan M. Conlin
2800 LaSalle Plaza, 800 LaSalle Avenue
Minneapolis, MN 55402 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/25/04

612.349.8218