

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001678

Entity Name: D'AMICO & SONS, LLC

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

211 NORTH FIRST STREET, SUITE 175
MINNEAPOLIS, MN 55401

New Principal Place of Business:

Current Mailing Address:

211 NORTH FIRST STREET, SUITE 175
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 11-3688751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'AMICO, RICHARD
443 - 2ND AVE SOUTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CFO () Delete
Name: D'AMICO, RICHARD
Address: 2035 KENWOOD PARKWAY
City-St-Zip: MINNEAPOLIS, MN 55405

Title: P () Delete
Name: D'AMICO, LARRY
Address: 6484 WESTCHESTER CIRCLE
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: CFOT () Delete
Name: SMITH, PAUL
Address: 1921 DREW AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55416

ADDITIONS/CHANGES:

Title: CFO (X) Change () Addition
Name: D'AMICO, RICHARD
Address: 2900 THOMAS AVENUE S., #2229
City-St-Zip: MINNEAPOLIS, MN 55416

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD D'AMICO

CEO

04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date