

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000002438

1. Entity Name
CPP TRAVEL, LLC



Principal Place of Business
10900 WAYZATA BLVD
MINNETONKA, MN 55305

Mailing Address
10900 WAYZATA BLVD
MINNETONKA, MN 55305

hjk

FILED
04 AUG -4 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
5100 Gamble Drive
Suite, Apt. #, etc.
Suite 600

3. Mailing Address
5100 Gamble Drive
Suite, Apt. #, etc.
Suite 600

08032004 Chg-LLC CR2E083 (10/03)

City & State
St. Louis Park, MN
Zip
55416 Country
USA

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St. Louis Park, MN
Zip
55416 Country
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4. FEI Number
16-1676002

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, WILLIAM R 10900 WAYZATA BLVD MINNETONKA, MN 55305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERNOR, JEAN P 10900 WAYZATA BLVD MINNETONKA, MN 55305	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, ANDREW C 10900 WAYZATA BLVD MINNETONKA, MN 55305	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Eric R. Woolley 5100 Gamble Drive, Suite 600 St. Louis Park, MN 55416	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gregory C. Mazza 5100 Gamble Drive, Suite 600 St. Louis Park, MN 55416	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600039957396 08/06/04--01070--002 **\$5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: William R. Anderson William R. Anderson 8/3/04 952-541-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #