

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000002438**

1. Entity Name  
CPP TRAVEL, LLC



Principal Place of Business

5100 GAMBLE DRIVE, SUITE 600  
ST. LOUIS PARK, MN 55416

Mailing Address

5100 GAMBLE DRIVE, SUITE 600  
ST. LOUIS PARK, MN 55416

**DO NOT WRITE IN THIS SPACE**



07072005 No Chg-LLC

CR2E083 (10/03)

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

**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

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 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ANDERSON, WILLIAM R  
5100 GAMBLE DRIVE, SUITE 600  
ST. LOUIS PARK, MN 55416

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WOOLLEY, ERIC R  
5100 GAMBLE DRIVE, SUITE 600  
ST. LOUIS PARK, MN 55416

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MAZZA, GREGORY C  
5100 GAMBLE DRIVE, SUITE 600  
ST. LOUIS PARK, MN 55416

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/26/05-80004-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

July 21, 2005 (952) 541-5805