2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90132 002 ****55.00

DOCUMENT # M03000002638

1. Entity Name
A & R PROPERTIES, LLC

Principal Place of Business	Mailing Address
~~121 S. EIGHTH STREET~~ ~~MINNEAPOLIS, MN 55402~~	~~121 S. EIGHTH STREET~~ ~~MINNEAPOLIS, MN 55402~~

07072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1000 TARPON CTR DR	1000 TARPON CTR. DR.
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 203
City & State VENICE, FLORIDA	City & State VENICE, FLORIDA
Zip 34285 Country USA	Zip 34285 Country USA

4. FEI Number 41-1993756 ☐ 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
SHERYL A. EDWARDS, E, SQ. 1800 SECOND STREET, STE. 720 SARASOTA, FL 34236	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 / STREET ADDRESS / CITY-ST-ZIP	MGR PRIOR, ROBERT E ~~121 S. EIGHTH STREET~~ ~~MINNEAPOLIS, MN 55402~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1000 TARPON CENTER DR #203 VENICE, FL 34285
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MGR ANN M. PRIOR 1000 TARPON CENTER DR #203 VENICE, FL 34285
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
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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: Robert E. Prior 7-7-04 612-910-3607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #