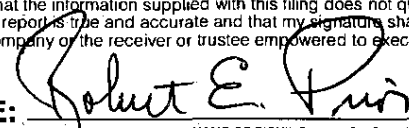


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 121 S. EIGHTH STREET MINNEAPOLIS, MN 55402		Mailing Address 121 S. EIGHTH STREET MINNEAPOLIS, MN 55402	
2. Principal Place of Business 1000 TARPON CTR DR Suite, Apt. #, etc. 203		3. Mailing Address 1000 TARPON CTR DR 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 SHERYL A. EDWARDS, E. SQ. 1800 SECOND STREET, STE. 720 SARASOTA, FL 34236		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 _____ (NOTE: Registered Agent signature required when reissuing) _____ 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 MGR	NAME PRIOR, ROBERT E	☐ Change ☐ Addition	
STREET ADDRESS 424 S. EIGHTH STREET	CITY-ST-ZIP MINNEAPOLIS, MN 55402	☐ Change ☐ Addition	
TITLE MGR	NAME ANN M. PRIOR	☐ Change ☒ Addition	
STREET ADDRESS 1000 TARPON CENTER DR #203	CITY-ST-ZIP VENICE, FL 34285	☐ Change ☐ Addition	
TITLE MGR	NAME ANN M. PRIOR	☐ Change ☐ Addition	
STREET ADDRESS 1000 TARPON CENTER DR #203	CITY-ST-ZIP VENICE, FL 34285	☐ Change ☐ Addition	
TITLE MGR	NAME ANN M. PRIOR	☐ Change ☐ Addition	
STREET ADDRESS 1000 TARPON CENTER DR #203	CITY-ST-ZIP VENICE, FL 34285	☐ Change ☐ Addition	
TITLE MGR	NAME ANN M. PRIOR	☐ Change ☐ Addition	
STREET ADDRESS 1000 TARPON CENTER DR #203	CITY-ST-ZIP VENICE, FL 34285	☐ 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: 		Date 7-7-04 Daytime Phone # 612-910-3607	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			