

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003034

FILED
Apr 08, 2004
Secretary of State

Entity Name: MINNESOTA LENDING COMPANY LLC

Current Principal Place of Business:

6465 WAYZATA BLVD., #310
ST. LOUIS PARK, MN 55426

New Principal Place of Business:

6465 WAYZATA BLVD.
SUITE 310
ST. LOUIS PARK, MN 55426

Current Mailing Address:

6465 WAYZATA BLVD., #310
ST. LOUIS PARK, MN 55426

New Mailing Address:

6465 WAYZATA BLVD.
SUITE 310
ST. LOUIS PARK, MN 55426

FEI Number: 03-0388980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA COMPLIANCE SPECIALISTS, INC.
2331 HANSEN PLACE
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGR () Delete
Name: LOFF, ANNE
Address: 6465 WAYZATA BLVD., #310
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: MGR () Delete
Name: DIEBOLD, CHRIS
Address: 6465 WAYZATA BLVD., #310
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: MGR () Delete
Name: LAUB, JOHN
Address: 6465 WAYZATA BLVD., #310
City-St-Zip: ST. LOUIS PARK, MN 55426

ADDITIONS/CHANGES:

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

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 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 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: ANNE LOFF

MGR

04/08/2004

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