

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90534 005 \*\*\*\*55.00

<b>DOCUMENT # M03000003034</b>					
<b>1. Entity Name</b> <b>MINNESOTA LENDING COMPANY LLC</b>					
<b>Principal Place of Business</b> 6465 WAYZATA BLVD. SUITE 310 ST. LOUIS PARK, MN 55426			<b>Mailing Address</b> 6465 WAYZATA BLVD. SUITE 310 ST. LOUIS PARK, MN 55426		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 03-0388980	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FLORIDA COMPLIANCE SPECIALISTS, INC. 2331 HANSEN PLACE TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name <u>John Laub</u> Street Address (P.O. Box Number is Not Acceptable) <u>2180 W. State Rd. 434, #1100</u> City <u>Longwood</u> <b>FL</b> Zip Code <u>32779</u>		
<b>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.</b> SIGNATURE <u>[Signature]</u> <span style="float: right;">DATE <u>1-10-05</u></span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOFF, ANNE 6465 WAYZATA BLVD., #310 ST. LOUIS PARK, MN 55426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIEBOLD, CHRIS 6465 WAYZATA BLVD., #310 ST. LOUIS PARK, MN 55426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAUB, JOHN 6465 WAYZATA BLVD., #310 ST. LOUIS PARK, MN 55426	<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>			SIGNATURE: <u>[Signature]</u> <span style="float: right;">DATE <u>1-10-05</u> DAYTIME PHONE # <u>952-960-9600</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		