

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90141 027 ****50.00

DOCUMENT # M03000003034

1. Entity Name
MINNESOTA LENDING COMPANY LLC



Principal Place of Business
**6465 WAYZATA BLVD.
SUITE 310
ST. LOUIS PARK, MN 55426**

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

60009948



01182007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
03-0388980

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

**LAUD, JOHN
2180 WEST STATE ROAD 434
SUITE 1100
LONGWOOD, FL 32779**

Name **Wendy Benincasa**
Street Address (P.O. Box Number is Not Acceptable) **2180 W. State Road 434**
Suite **1100**
City **Longwood** **FL** Zip Code **32779**

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 *Wendy Benincasa*
Signature, typed or printed name of registered agent and title if applicable.

Wendy Benincasa
(NOTE: Registered Agent signature required when reinstating)

1-26-07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LOFF, ANNE
6465 WAYZATA BLVD., #310
ST. LOUIS PARK, MN 55426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DIEBOLD, CHRIS
6465 WAYZATA BLVD., #310
ST. LOUIS PARK, MN 55426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LAUB, JOHN
6465 WAYZATA BLVD., #310
ST. LOUIS PARK, MN 55426 ☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Anne Loff

1/26/07 952-960-9621

Date

Daytime Phone #