

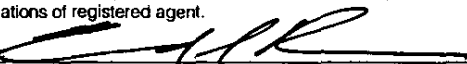
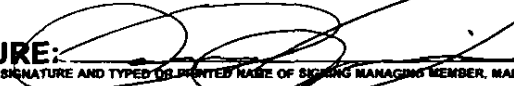


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90308 033 \*\*\*138.75

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # M03000003034</b><br>1. Entity Name<br><b>MINNESOTA LENDING COMPANY LLC</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>6465 WAYZATA BLVD.<br/>SUITE 310<br/>ST. LOUIS PARK, MN 55426</b>  |   |  | Mailing Address<br><b>6465 WAYZATA BLVD.<br/>SUITE 310<br/>ST. LOUIS PARK, MN 55426</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>6465 Wayzata Blvd.</b>  |   | 3. Mailing Address<br><b>6465 Wayzata Blvd.</b>        |   |  |  |
| Suite, Apt. #, etc.<br><b># 300</b>  |   | Suite, Apt. #, etc.<br><b># 300</b>                    |   |  |  |
| City & State<br><b>St. Louis Park MN</b>   |   | City & State<br><b>St. Louis Park MN</b>               |   |  |  |
| Zip<br><b>55426</b>  |   | Country<br><b>USA</b>                                  |   | 04112008 Chg-LLC CR2E083 (12/06)   |  |
| 4. FEI Number<br><b>03-0388980</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable |   |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |  |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BENINCASA, WENDY<br/>2180 WEST STATE ROAD 434<br/>SUITE 1100<br/>LONGWOOD, FL 32779</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Ed Ross</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2180 W. State Rd 434, #</b><br><b># 1100</b><br>City <b>Longwood</b> <b>FL</b> Zip Code <b>32779</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.  |   |  |   |  |  |
| SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE <b>4-16-08</b>  |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |  |   | <b>Make check payable to<br/>Florida Department of State</b>                       |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>LOFF, ANNE<br>6465 WAYZATA BLVD., #310<br>ST. LOUIS PARK, MN 55426     | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | mgr<br>Spanier, Gary<br>6465 Wayzata Blvd, #300<br>St. Louis Park, MN 55426        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DIEBOLD, CHRIS<br>6465 WAYZATA BLVD., #310<br>ST. LOUIS PARK, MN 55426 | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:    |   |  | Date <b>4-16-08</b> Daytime Phone # <b>952-224-9368</b>   |  |  |