


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> M03000004094	
1. Entity Name <b>NIELSEN FAMILY INVESTMENTS, LLC</b>	

Principal Place of Business <b>% CURTIS J. NIELSEN 2152 NORWAY PINE ROAD, S.W. BRAINERD, MN 56401</b>	Mailing Address <b>% CURTIS J. NIELSEN 2152 NORWAY PINE ROAD, S.W. BRAINERD, MN 56401</b>
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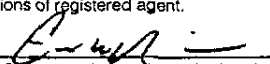


02172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>01-0796131</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NIELSEN, CURTIS J 5618 DEAUVILLE COURT CAPE CORAL, FL 33904</b>
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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 	<b>Eric P. Nielsen, Manager</b>	<b>2-17-04</b>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000063724  
02/23/04-80174-002 55.00

9. MANAGING MEMBERS/MANAGERS ...	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIELSEN, CURTIS J 2152 NORWAY PINE ROAD S.W. BRAINERD, MN 56401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIELSEN, SANDRA S 2152 NORWAY PINE ROAD S.W. BRAINERD, MN 56401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIELSEN, ERIC P 720 STARLIGHT DR. SARTELL, MN 56377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIELSEN, MEGAN M 720 STARLIGHT DR. SARTELL, MN 56377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIELSEN, BENJAMIN C 2314 W. 74TH ST. RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	<b>Eric P. Nielsen - Manager</b>	<b>2-17-04</b>	<b>320-534-</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small> <b>2013</b>