**FILED**
**Jul 07, 2005 8:00 am**
**Secretary of State**
07-07-2005 90098 030 ****50.00

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000004219

1. Entity Name
AMERICAN CONNECTOR, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 5601 NW 159TH ST<br>MIAMI LAKES, FL 33014 | 5601 NW 159TH ST<br>MIAMI LAKES, FL 33014 |

20061671

06292005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-0487619
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | SIMON, STEVEN C |
| STREET ADDRESS | 1300 NICOLLET MALL, STE 5000 |
| CITY-ST-ZIP | MINNEAPOLIS, MN 55403 |
| TITLE | MGR |
| NAME | KING, WILLIAM |
| STREET ADDRESS | 1300 NICOLLET MALL, STE 5000 |
| CITY-ST-ZIP | MINNEAPOLIS, MN 55403 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** Jim Allen Manager, VP Finance 6/29/05 305-591-7536
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

JUN-29-2005 07:58 J&K SUPPLY-JANET 2066743336 P.01