

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000000437

1. Entity Name
**WELSH SENIOR HOMES DEVELOPMENT COMPANY,
LLC**



Principal Place of Business
**7807 CREEKRIDGE CIRCLE
MINNEAPOLIS, MN 55439**

Mailing Address
**7807 CREEKRIDGE CIRCLE
MINNEAPOLIS, MN 55439**

DO NOT WRITE IN THIS SPACE



02272008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0658536

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONATHAN JAMES DAMONTE, CHARTERED
12110 SEMINOLE BLVD.
LARGO, FL 33778**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000906687
05/05/08-800008-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DOYLE, DENNIS J 7807 CREEKRIDGE CIRCLE MINNIAPOLIS, MN 554392609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EKLO, MARK D 7807 CREEKRIDGE CIRCLE MINNEAPOLIS, MN 554392609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KING, RONALD A 5100 EDEN AVENUE, SUITE 106 EDINA, MN 55436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-15-08 / 952-897-7707