

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90078 024 ****50.00

DOCUMENT # M04000000676

1. Entity Name
WELSH BRADENTON HOMES, LLC



Principal Place of Business
**7807 CREEKRIDGE CIRCLE
MINNEAPOLIS, MN 55439-2609**

Mailing Address
**7807 CREEKRIDGE CIRCLE
MINNEAPOLIS, MN 55439-2609**

20052627



07242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0652320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA CHRISTIAN HOMES, INC.
5550 26TH STREET WEST, STE. 3
BRADENTON, FL 34207**

**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 _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WELSH SENIOR HOMES DEVELOPMENT COMPANY, LL
7807 CREEKRIDGE CIRCLE
MINNEAPOLIS, MN 554392609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

Dennis J. Doyle

952-847-7800