

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001348

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** FOX LAWSON & ASSOCIATES LLC

**Current Principal Place of Business:**

1335 COUNTY ROAD D. CIRCLE E.  
ST PAUL, MN 55109

**New Principal Place of Business:**

**Current Mailing Address:**

1335 COUNTY ROAD D. CIRCLE E.  
ST PAUL, MN 55109

**New Mailing Address:**

FEI Number: 41-1800060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOX, JAMES C  
Address: 1335 COUNTY ROAD D. CIRCLE E.  
City-St-Zip: ST PAUL, MN 55109

Title: MGRM ( ) Delete  
Name: LAWSON, BRUCE G  
Address: 3121 E SAN JUAN AVE  
City-St-Zip: PHOENIX, AZ 85016

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES C. FOX

MGRM

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date