2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000002560

1. Entity Name
MARGARITAVILLE OF MARCO ISLAND, LLC

Principal Place of Business	Mailing Address
13025 44TH AVE. NORTH PLYMOUTH, MN 55442	13025 44TH AVE. NORTH PLYMOUTH, MN 55442

DO NOT WRITE IN THIS SPACE

01262006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1137658
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

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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 _____
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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEYER, KIM
STREET ADDRESS	6463 36TH AVE. SE
CITY-ST-ZIP	ST. CLOUD, MN 56304
TITLE	MGRM
NAME	MEYER, TOM
STREET ADDRESS	6463 36TH AVE. SE
CITY-ST-ZIP	ST. CLOUD, MN 56304
TITLE	MGRM
NAME	DURAND, RALPH
STREET ADDRESS	15145 38TH AVE. N
CITY-ST-ZIP	PLYMOUTH, MN 55446
TITLE	MGRM
NAME	DURAND, DOLORES
STREET ADDRESS	15145 38TH AVE. N
CITY-ST-ZIP	PLYMOUTH, MN 55446
TITLE	MGRM
NAME	RASKOB, LESLIE
STREET ADDRESS	8704 MARYLAND AVE. N
CITY-ST-ZIP	BROOKLYN PARK, MN 55445
TITLE	MGRM
NAME	RASKOB, KEITH
STREET ADDRESS	8704 MARYLAND AVE. N
CITY-ST-ZIP	BROOKLYN PARK, MN 55445

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02/14/06-80030-008 50.00

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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.

CARLA M. DURAND

SIGNATURE: Carla M Durand 1-29-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #