

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002560

FILED  
Jan 25, 2007  
Secretary of State

Entity Name: MARGARITAVILLE OF MARCO ISLAND, LLC

**Current Principal Place of Business:**

13025 44TH AVE. NORTH  
PLYMOUTH, MN 55442

**New Principal Place of Business:**

**Current Mailing Address:**

13025 44TH AVE. NORTH  
PLYMOUTH, MN 55442

**New Mailing Address:**

FEI Number: 20-1137658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: MEYER, KIM  
Address: 6463 36TH AVE. SE  
City-St-Zip: ST. CLOUD, MN 56304

Title: MGRM ( ) Delete  
Name: MEYER, TOM  
Address: 6463 36TH AVE. SE  
City-St-Zip: ST. CLOUD, MN 56304

Title: MGRM ( ) Delete  
Name: DURAND, RALPH  
Address: 15145 38TH AVE. N  
City-St-Zip: PLYMOUTH, MN 55446

Title: MGRM ( ) Delete  
Name: DURAND, DOLORES  
Address: 15145 38TH AVE. N  
City-St-Zip: PLYMOUTH, MN 55446

Title: MGRM ( ) Delete  
Name: RASKOB, LESLIE  
Address: 8704 MARYLAND AVE. N  
City-St-Zip: BROOKLYN PARK, MN 55445

Title: MGRM ( ) Delete  
Name: RASKOB, KEITH  
Address: 8704 MARYLAND AVE. N  
City-St-Zip: BROOKLYN PARK, MN 55445

**ADDITIONS/CHANGES:**

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

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

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

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

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 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: CARLA DURAND

PRES

01/25/2007

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