2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M04000004052



FILED

May 01, 2006 8:00 am Secretary of State 1. Entity Name 05-01-2006 90057 001 ****50 00 OCB LEASING COMPANY, LLC Principal Place of Business Mailing Address ~ = ~ 4 UU 1460 BUFFET WAY 1460 BUFFET WAY EAGAN, MN 55121 EAGAN, MN 55121 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State 42-1638147 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Mac С TITLE ☐ Change Addition TITLE 🔀 Delete Wall, A. Keith HATLEN, ROE NAME 1460 Buffet Way STREET ADORESS 1460 BUFFET WAY STREET ADDRESS CITY-ST-7IP <u> Eagan MN 55121-1133</u> EAGAN, MN 55121 CITY-ST-ZIP MGR ☐ Addition ☐ Delete TITLE Change TITLE Andrews, R. Michael Jr. R. MICHAEL ANDREWS, CFO NAME NAME STREET ADDRESS 1460 BUFFET WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP EAGAN, MN 55121 MGR ☐ Delete TITLE Change Change Addition TITLE mitchell, H. Thomas H. THOMAS MITCHELL, SECRETARY NAME NAME STREET ADDRESS STREET ADDRESS 1460 BUFFET WAY **EAGAN, MN 55121** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE PAUL HOLOVNIA, ASSISTANT SECRETARY Holovnia, Paul NAME 1460 BUFFET WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **EAGAN, MN 55121** CITY-ST-7IP Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: Par Holemi	4-24-06	.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #