

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000004052

1. Entity Name
OCB LEASING COMPANY, LLC



Principal Place of Business
1460 BUFFET WAY
EAGAN, MN 55121

Mailing Address
1460 BUFFET WAY
EAGAN, MN 55121

FILED
Apr 30, 2007 08:00 AM
Secretary of State



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1638147	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALL, A. KEITH 1460 BUFFET WAY EAGAN, MN 55121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, JR, MICHAEL R 1460 BUFFET WAY EAGAN, MN 55121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, H. THOMAS 1460 BUFFET WAY EAGAN, MN 55121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLOVANIA, PAUL 1460 BUFFET WAY EAGAN, MN 55121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/16/07-80047-015 50.00

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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: *Paul Holoiania, Manager*

4-24-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #