2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000004052

1. Entity Name
OCB LEASING COMPANY, LLC

FILED
Sep 03, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1460 BUFFET WAY EAGAN, MN 55121	1460 BUFFET WAY EAGAN, MN 55121

DO NOT WRITE IN THIS SPACE

08112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
42-1638147

☐ Applied For
☐ Not Applicable

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

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

UD0000958762
09/03/08-80001-012 138.75

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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.

SIGNATURE: Paul Holovnia PAUL HOLOVNIA ASSISTANT SECRETARY 8-19-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #