


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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| DOCUMENT # M04000004063 1. Entity Name TOLLEFSON LAND HOLDINGS, LLC |  |
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| Principal Place of Business 1645 EAST HIGHWAY 50 SUITE 101 CLERMONT, FL 34711 | Mailing Address 20520 KEOKUK AVENUE SUITE 200 LAKEVILLE, MN 55044 |
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01082008No Chg-LLC CR2E083 (12/07)

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| 4. FEI Number 82-0578960 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent INCORPORATING SERVICES, LTD 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301 |
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | U00000784977 01/16/08-80074-023 138.75 |
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| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TOLLEFSON, CARL R 20520 KEOKUK AVENUE, SUITE 200 LAKEVILLE, MN 55044 |
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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. |
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| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | 1/8/2008 <small>Date</small> | 952-223-5454 <small>Daytime Phone #</small> |
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