

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005703

Entity Name: CRI SECURITIES, LLC

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

400 ROBERT STREET NO RTH
ST PAUL, MN 55101

New Principal Place of Business:

Current Mailing Address:

400 ROBERT STREET NO RTH
ST PAUL, MN 55101

New Mailing Address:

FEI Number: 41-1612506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: RICHARDS, PHILLIP C
Address: 2701 UNIVERSITY AVENUE
City-St-Zip: MINNEAPOLIS, MN 55414

Title: MGR () Delete
Name: RICHARDS, SCOTT H
Address: 2701 UNIVERSITY AVENUE
City-St-Zip: MINNEAPOLIS, MN 55414

Title: MGR () Delete
Name: HUNSTAD, ROBERT E
Address: 400 ROBERT STREET NORTH
City-St-Zip: ST PAUL, MN 55101

Title: MGR () Delete
Name: BURNS, THOMAS P
Address: 400 ROBERT STREET NORTH
City-St-Zip: ST PAUL, MN 55101

Title: MGR () Delete
Name: CONNOLLY, GEORGE I
Address: 400 ROBERT STREET NORTH
City-St-Zip: ST. PAUL, MN 55101

Title: MGR () Delete
Name: CARPENTER, KIMBERLY K
Address: 400 ROBERT STREEET N
City-St-Zip: ST. PAUL, MN 55101

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: ZACCARO, WARREN
Address: 400 ROBERT STREET NORTH
City-St-Zip: ST PAUL, MN 55101

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: KIMBERLY K CARPENTER

MGR

01/13/2006

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