


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000001290		
1. Entity Name TOWNE & COUNTRY CENTER, LLC		
Principal Place of Business 6440 FLYING CLOUD DRIVE, SUITE 203 EDEN PRAIRIE, MN 55344	Mailing Address 6440 FLYING CLOUD DRIVE, SUITE 203 EDEN PRAIRIE, MN 55344	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reissuing) DATE: _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOTZLER, MARK A 6440 FLYING CLOUD DRIVE, SUITE 203 EDEN PRAIRIE, MN 55344	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROOTWASSIAK, ROBERT E 6440 FLYING CLOUD DRIVE, SUITE 203 EDEN PRAIRIE, MN 55344	
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		



01182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-1785961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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02/11/06-80024-017 55.00