

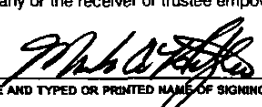


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 19, 2007 8:00 am**  
**Secretary of State**

06-19-2007 90077 005 \*\*\*\*55.00

<b>DOCUMENT # M05000001290</b> 1. Entity Name <b>TOWNE &amp; COUNTRY CENTER, LLC</b>					
Principal Place of Business <b>6440 FLYING CLOUD DRIVE, SUITE 203 EDEN PRAIRIE, MN 55344</b>			Mailing Address <b>6440 FLYING CLOUD DRIVE, SUITE 203 EDEN PRAIRIE, MN 55344</b>		
2. Principal Place of Business - No P.O. Box # <b>20730 Holyoke Ave S</b>		3. Mailing Address <b>20730 Holyoke Ave S</b>			
Suite, Apt. #, etc. <b>Suite 200, Box 967</b>		Suite, Apt. #, etc. <b>Suite 200, Box 967</b>			
City & State <b>Lakeville MN</b>		City & State <b>Lakeville MN</b>			
Zip <b>55044</b>	Country <b>USA</b>	Zip <b>55044</b>	Country <b>USA</b>	4. FEI Number <b>41-1785961</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <b>6/14/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOTZLER, MARK A 6440 FLYING CLOUD DRIVE, SUITE 203 EDEN PRAIRIE, MN 55344	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROOTWASSIAK, ROBERT E 6440 FLYING CLOUD DRIVE, SUITE 203 EDEN PRAIRIE, MN 55344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROOTWASSIAK, ROBERT E 6440 FLYING CLOUD DRIVE, SUITE 203 EDEN PRAIRIE, MN 55344	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROOTWASSIAK, ROBERT E 6440 FLYING CLOUD DRIVE, SUITE 203 EDEN PRAIRIE, MN 55344	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:  DATE <b>6/14/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					