

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000003575

1. Entity Name
ACCERIS MANAGEMENT AND ACQUISITION LLC



Principal Place of Business
60 SOUTH 5TH STREET, SUITE 2535
MINNEAPOLIS, MN 55402

Mailing Address
60 SOUTH 5TH STREET, SUITE 2535
MINNEAPOLIS, MN 55402



04172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2855923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

**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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BAER, ELAM
STREET ADDRESS	60 SOUTH 5TH STREET, SUITE 2535
CITY - ST - ZIP	MINNEAPOLIS, MN 55402
TITLE	MGR
NAME	LAURA CONRADI CARLSON
STREET ADDRESS	60 SOUTH 5TH STREET, SUITE 2535
CITY - ST - ZIP	MINNEAPOLIS, MN 55402
TITLE	MGR
NAME	ERIC LIPSCOMB
STREET ADDRESS	60 SOUTH 5TH STREET, SUITE 2535
CITY - ST - ZIP	MINNEAPOLIS, MN 55402
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000531418
05/06/06-80042-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Eric Lipscomb - EF

412-244-6645