## 2006 LIMITED LIABILITY COMPANY

## Apr 03, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # M05000003606 04-03-2006 90063 013 \*\*\*\*50.00 ZEN TITLE, LLC Principal Place of Business Mailing Address 336 N. ROBERT, SUITE 1600 336 N. ROBERT, SUITE 1600 ST PAUL, MN 55101 ST PAUL, MN 55101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 20-2665608 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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, 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 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition JONAS, TRENT NAME NAME STREET ADDRESS 336 N ROBERT ST., SUITE 1600 STREET ADDRESS ST PAUL, MN 55101 CITY-ST-ZIP CITY-ST-ZIF TITLE MGR ☐ Delete TITLE ☐ Change Addition BETHEL, CHARLES NAME NAME STREET ADDRESS 336 N ROBERT ST., SUITE 1600 STREET ADDRESS CITY-ST-ZIP ST PAUL, MN 55101 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change Addition FRANTZ, JENNIFER NAME NAME STREET ADDRESS 336 N ROBERT ST., SUITE 1600 STREET ADDRESS CITY-ST-ZIP ST PAUL, MN 55101 CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CiTY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAMÉ

**FILED** 

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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: Charles E Bett SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 3-27-06



27 March 2006

Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed herein, please find the annual report for Zen Title, LLC. Also enclosed is a check for \$50.00.

Should you have any questions regarding this matter please do not hesitate to call me. Thank you.

Sincerely,

Lindsay L. Knutson