

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90031 013 \*\*\*138.75

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|  |   |  |   |   |   |
|--|---|--|---|---|---|
| <b>DOCUMENT # M05000007017</b><br>1. Entity Name<br><b>OIRE WESTON, L.L.C.</b>   |   |  |   |   |   |
| Principal Place of Business<br><b>10350 BREN ROAD WEST<br/>MINNETONKA, MN 55343</b>  |   |  | Mailing Address<br><b>10350 BREN ROAD WEST<br/>MINNETONKA, MN 55343</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address                         |   |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                        |   |   |   |
| City & State   |   | City & State                               |   |   |   |
| Zip  | Country   | Zip  | Country   | 04152008    Chg-LLC    CR2E083 (12/06)  |   |
| 4. FEI Number<br><b>41-1895494</b>   |   |  |   | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |  |   | 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>   |   |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>    Zip Code         </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |   |  |   |   |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |  | Make check payable to<br><b>Florida Department of State</b>             |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>BEDNAROWSKI, KEITH P<br>10350 BREN ROAD WEST<br>MINNETONKA, MN 55343     | <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>Rauenhorst, Mark<br>10350 Bren Road West<br>Minnetonka, MN 55343   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>CAMPA, LUZ<br>10350 BREN ROAD WEST<br>MINNETONKA, MN 55343               | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"> <input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition         </div> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DECKAS, ANDREW C<br>10350 BREN ROAD WEST<br>MINNETONKA, MN 55343         | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>LAU, WADE<br>10350 BREN ROAD WEST<br>MINNETONKA, MN 55343                | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"> <input type="checkbox"/> Delete         </div> | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"> <input type="checkbox"/> Delete         </div> | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>            |
| 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. |   |  |   |   |   |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  | Wade Lau    4/23/08    952-656-4444<br>Date    Daytime Phone #          |   |   |