2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

RECEIVED

DOCUMENT # M05000007105

1. Entity Name

GANDOLF GROUP, LLC

Principal Place of Business	Mailing Address
5354 PARKDALE DRIVE, SUITE 350 ST. LOUIS PARK MN 55416	5354 PARKDALE DRIVE, SUITE 350 ST. LOUIS PARK MN 55416

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 41-1978963 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K
2200 MUSEUM TOWER, 150 WEST FLAGLER ST.
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PETERSON, ROGER G		NAME		
STREET ADDRESS	5354 PARKDALE DRIVE, SUITE 350		STREET ADDRESS	100000459290	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416		CITY-ST-ZIP	03/18/06 00027-013 50.00	
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OLIVER, TIMOTHY J		NAME		
STREET ADDRESS	6465 WAYZATA BLVD. SUITE 304 0		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS PARK MN 55416		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Timothy J. Oliver Chief Manager 3.4.06 952.546.627