



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN -8 AM 9:47

DOCUMENT # M05000007105 1. Entity Name GANDOLF GROUP, LLC	
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Principal Place of Business 5354 PARKDALE DRIVE, SUITE 350 ST. LOUIS PARK, MN 55416	Mailing Address 5354 PARKDALE DRIVE, SUITE 350 ST. LOUIS PARK, MN 55416
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 41-1978963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PETERSON, ROGER G 5354 PARKDALE DRIVE, SUITE 350 ST. LOUIS PARK, MN 55416
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLIVER, TIMOTHY J 6465 WAYZATA BLVD. SUITE 304 0 ST. LOUIS PARK, MN 55416
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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:  952-543-2155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #