2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# M06000002099

Entity Name: 21ST HOLDINGS, LLC

Current Principal Place of Business:

200 SOUTH 6TH STREET, STE. 350
MINNEAPOLIS, MN 55402

New Principal Place of Business:

Current Mailing Address:

200 SOUTH 6TH STREET, STE. 350
MINNEAPOLIS, MN 55402

New Mailing Address:

FEI Number: 41-1902225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIEGLER, STEPHEN L
1401 E. BROWARD BLVD., STE. 200
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WALKER, STEVEN
Address: 200 SOUTH 6TH STREET, STE. 350
City-St-Zip: MINNEAPOLIS, MN 55402

Title: MGR ( ) Delete
Name: SIMON, ROBERT
Address: 200 SOUTH 6TH STREET, STE. 350
City-St-Zip: MINNEAPOLIS, MN 55402

Title: MGR ( ) Delete
Name: KIRKMAN, PAUL
Address: 200 SOUTH 6TH STREET, STE. 350
City-St-Zip: MINNEAPOLIS, MN 55402

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN WALKER MGR 03/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date