2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State

DOCUMENT # M0600002520 1. Entity Name WELSH SUPERSTOCK FL, LLC							01-29-2007 90143 013 ****50.00					
Principal Place of Business			Mailing Address					4001	0014			
7807 CREEKSIDE CIRCLE Minnetonka, MN 55439			7807 CREEKSIDE CIRCLE Minnetonka, MN 55439				60010014					
									1811: 48 11: 18 111 1			
2. Principal Place of Business - No P.O. Box # 7807 Creekridge Circle			3. Mailing Address 7807 Creekridge Circ			circle] [] [] [] -					
Suite, Apt.	. #, etc. 1		Suite, Apt. #, etc	2.	1		01042007	Chg-LLC	: CI	R2E083 (12	/06)	
City & State Unneapolis		City & State Minneapolis			4	. FEI Numb		1936	148		plied For t Applicable	
Zip	Country		Zip	Cou	ntry	5	. Certificate	of Status Des	ired	\$5.00 Fee Re	D Add	itional
	6. Name and Address	of Current R	egistered Agent			7	. Name and	d Address of I	New Registe			
NRAI SER	RVICES, INC.				Name							
2731 EXECUTIVE PARK DRIVE SUITE 4					Street Ad	ldress (P.O). Box Numb	er is Not Acce	ptable)			
WESTON,	, FL 33331											
					City					FL Zip	Code	}
	named entity submits this tions of registered agent.	statement for t	he purpose of chang	ging its registe	red office or r	registered	agent, or bo	oth, in the State	of Florida.	l am familiar	with, a	and accept
SIGNATURE .	Signature, typed or printed name of	registered agent an	d title if applicable.	(NOTE: Register	ed Agent signature	e required whe	n reinstating)		ι	ATE		
Filing Fee is \$50.00 Due by May 1, 2007												
Fi D	iling Fee is \$50.00 ue by May 1, 2007							F		ck payable artment of		1
9.	ue by May 1, 2007	ING MEMBER	S/MANAGERS	10.						artment of		
9. TITLE	MANAG	ING MEMBER	S/MANAGERS	ie III	LE	*****		ADDIT	Iorida Dep	IGES	State	☐ Addition
9.	ue by May 1, 2007	RCLE		ie IIII Nai Str	LE	tudda 780 Min	i Cre	ADDIT	Iorida Dep	IGES	State	
9. TITLE NAME STREET ADDRESS	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE		ie IIII Nai Str	LE ME REET ADDRESS Y-ST-ZIP	780 MIN	i Cre neap		Iorida Dep	IGES	State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	☐ Delet	RE IIII NAI SIF CIT RE	LE ME HEET ADDRESS Y-ST-ZIP LE ME	MIN	1 Cre neap	ADDIT	Iorida Dep	IGES GES Characteristics	State	Addition
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP HILE	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	☐ Delet	IE IIII NAI STE CIT IE NAI STE STE STE	ME ME ME MEET ADDRESS Y-ST-ZIP LE	180 780 Min	i Cre neap	ADDIT	Iorida Dep	IGES GES Characteristics	State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	☐ Delet	IE IIII NAA SIF CIT NAA SIF CIT	LE ME HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS Y-ST-ZIP LE	780 Min	1 Cre neap	ADDIT	Iorida Dep	IGES GES Characteristics	State ange ange	Addition
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	□ Delet	IE IIII NAA SIFE CIT NAA SIFE CIT NAA SIFE CIT NAA SIFE CIT NAA NAA SIFE CIT NAA NAA NAA NAA NAA NAA NAA NAA NAA NA	LE ME HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS Y-ST-ZIP LE	780 Min	i Cre neap	ADDIT	Iorida Dep	IGES GA-Chi	State ange ange	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	□ Delet	IE IIII NAA SIF CIT NAA SIF CIT NAA SIF CIT NAA SIF CIT NAA SIF	LE ME HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS Y-ST-ZIP LE	T80 Min	1 Cre neap	ADDIT	Iorida Dep	IGES GA-Chi	State ange ange	Addition
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	□ Delet	IE IIII NAM SIE CIT E E IIII NAM SIE CIT E E E IIII NAM SIE CIT E E E E E E E E E E E E E E E E E E E	LE ME HEET ADDRESS Y-ST-ZIP LE	780 Min	1 Cre neap	ADDIT	Iorida Dep	IGES GA-Chi	ange ange	Addition
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACT OF THE CONTACT OF T	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	☐ Delet	IE IIII NAM SIR CIT NAM SIR NAM SIR CIT NAM SIR NA	LE ME HEET ADDRESS Y-ST-ZIP LE	T80 Min	i Cre neap	ADDIT	Iorida Dep	IGES IGA-Chi	ange ange	Addition Addition
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACTOR OF THE PARTY OF THE PA	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	☐ Delet	IE IIII NAM SIE CIT NAM SIE CI	LE ME HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS Y-ST-ZIP LE HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS Y-ST-ZIP	780- Min	1 Cre neap	ADDIT	Iorida Dep	GES GA-Chi	State ange ange ange	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	☐ Delet	IE IIII NAM SIE CIT NAM SIE CI	LE ME HEET ADDRESS Y-ST-ZIP LE	T80 Min	i Cre neap	ADDIT	Iorida Dep	IGES IGA-Chi	State ange ange ange	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	☐ Delet	IE IIII NAA SIF CIT NAA SIF NA	LE ME	780- Min	1 Cre neap	ADDIT	Iorida Dep	GES GA-Chi	State ange ange ange	Addition Addition Addition
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	☐ Delet	IE IIII NAA SIF CIT NAA SIF CI	LE ME	780 Min	i Cre neap	ADDIT	Iorida Dep	GES GA-Chi	state ange ange ange	Addition Addition Addition
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	Delet Delet	E IIII NAA SIF CIT NAA NAA SIF CIT NAA SIF CIT NAA SIF CIT NAA SIF CIT NAA NAA SIF CIT NAA	LE ME	780 Min	1 Cre neap	ADDIT	Iorida Dep	GES GA-Chi Chi Chi	state ange ange ange ange	Addition Addition Addition Addition
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP VITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAG MGR DOYLE, DENNIS J 7807 CREEKSIDE CIF	RCLE	Delet Delet	E IIII NAM SIE CIT	LE ME	780- Min	1 Cre neap	ADDIT	Iorida Dep	GES GA-Chi Chi Chi	state ange ange ange	Addition Addition Addition Addition

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or the receiver or the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager or mana

SIGNATURE: Devinis J. Doyle, Manager 1-24-07 897-7700

SIGNATURE: Date Date Date Dayling MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone *