2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



712 1121 7111					
DOCUMENT # M06000004898 1. Entity Name PETTERS CAPTIAL LLC CAPITAL					
Mailing Address					
4400 BAKER ROAD Minnetonka, Mn 55343					
	APITAL Mailing Address 4400 BAKER ROAD				

FILED May 16, 2008 8:00 am Secretary of State 05-16-2008 90187 045 ***138.75

1. Entity Name PETTERS CAPTIAL LLC CAPITAL			03-10-2008 90187 043 *** 138.73						
Principal Place	e of Business	Mailing Address			6009	11902			
505 S. FLAGI	LER DRIVE STE 700 BEACH, FL 33401	4400 BAKER ROAD MINNETONKA, MN 5534	13	:					
Principal Place of Business - No P.O. Box # Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.		01182008	Chg-LLC	CR2E08:	3 (12/06)				
City & State	9	City & State			4. FEI Number 20-404				plied For t Applicable
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Re	gistered Ag	ent	
NRAI SERVICES, INC.			Name						
2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331			Street Address		O. Box Numbe	r is Not Acceptable)	ı		-
			ļ	City	<u>-</u>		FL	Zip Code)
	named entity submits this statement for ons of registered agent.	the purpose of changing its re	egistere	d office or registere	ed agent, or bot	h, in the State of Flor		I miliar with,	and accept
SIGNATURE .		<u> </u>							
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered	Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					check pay Departmer		•		
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	TITLE				[Change	☐ Addition
NAME STREET ADDRESS	PETTERS, THOMAS J 4400 BAKER ROAD		NAME	ET ADDRESS					j
CITY-ST-ZIP	MINNETONKA, MN 55343			ST-ZIP					
TITLE		□ Delete	TITLE					Change	☐ Addition
NAME		_ *****	NAME	:			-		_
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					ļ
TITLE		□ Delete	TITLE				[Change	☐ Addition
NAME			NAME	:					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
TITLE		□ Outer	TITLE					Change	Addition
NAME		☐ Delete	NAME				·	Change	☐ Youldon
STREET ADDRESS			STREE	ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		Delete	TITLE	i i			(☐ Change	☐ Addition
NAME Street adoress			NAME	ET ADDRESS					Į
CITY-ST-ZIP				ST-ZIP					
TITLE		□ Delete	TITLE				[Change	☐ Addition
NAME			NAME	:				_	_
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	portification information according to the	this filling does not available.	bo oues	ST-ZIP	o Chanter 110	Florido Ctatutos I fue	ther early of	hat the lef-	rmetics
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.									
SIGNAT	URF.	1 YUK	_>	Thomas	J. Pett	ers 4/22,	/08 9	52-936	-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Oaytime Phone #