

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90018 040 ***138.75

DOCUMENT # M06000005934

1. Entity Name
PARTNERED BEVERAGES LLC



Principal Place of Business
**5500 CENEX DRIVE
INVER GROVE HEIGHTS, MN 55077**

Mailing Address
**5500 CENEX DRIVE
INVER GROVE HEIGHTS, MN 55077**



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5706238

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHS INC
5500 CENEX DRIVE
INVER GROVE HEIGHTS, MN 55077**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~MGRM~~
SEASIDE PROPERTIES LLC
2120 3RD AVE NORTH
BILLINGS, MT 59101**

TITLE
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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/08

651-355-5084

ATTACHMENT 50006403

#M06000005934

PARTNERED BEVERAGES, LLC

STATE OF INCORPORATION	Minnesota
DATE OF INCORPORATION	10/11/2006
LAST UPDATED	3/31/2008

MEMBERS	ADDRESS	ADDRESS	CITY	STATE/ZIP
CHS Inc.	5500 Cenex Drive		Inver Grove Heights	MN 55077

MEMBER REPRESENTATIVES	ADDRESS	ADDRESS	CITY/STATE/ZIP	REPRESENTING
Don Olson	5500 Cenex Drive		Inver Grove Heights, MN 55077	CHS Inc.
Dan Ostendorf	5500 Cenex Drive		Inver Grove Heights, MN 55077	CHS Inc.
Rick Cummings	5500 Cenex Drive		Inver Grove Heights, MN 55077	CHS Inc.
Leon Westbrook	5500 Cenex Drive		Inver Grove Heights, MN 55077	CHS Inc.

MANAGERS	ADDRESS	ADDRESS	CITY/STATE/ZIP	TITLE
Gary Braaten	5500 Cenex Drive		Inver Grove Hts, MN 55077	Secretary
pending				