2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# M07000004224

Entity Name: EXECUTIVE TRUSTEE SERVICES, LLC

Current Principal Place of Business:

15455 SAN FERNANDO MISSION BLVD.
MISSION HILLS, CA 91345

New Principal Place of Business:

Current Mailing Address:

15455 SAN FERNANDO MISSION BLVD.
MISSION HILLS, CA 91345

New Mailing Address:

ONE MERIDAIN CROSSINGS
SUITE 100 MC: 03-04-60
MINNEAPOLIS, MN 55423

FEI Number: 23-2778943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: EXECUTIVE TRUSTEE SE, RVICES, LLC
Address: 15455 SAN FERNANDO MISSION BLVD.
City-St-Zip: MISSION HILLS, CA 91345

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JONES, JAMES G
Address: ONE MERIDIAN CROSSINGS SUITE 100
City-St-Zip: MINNEAPOLIS, MN 55423

Title: MGR ( ) Change (X) Addition
Name: YOUNG, JAMES N
Address: ONE MERIDIAN CROSSINGS SUITE 100
City-St-Zip: MINNEAPOLIS, MN 55423

I hereby certify that the information supplied with this filing does not qualify 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: ERIKA JOHNSON MGR 01/03/2008

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