File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	199	8			DIVISIO	N OF CORF	PORATIONS]	98	MAR 23	PM 3: L	7 ،	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee												,	
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCLIMENT # M950000334													
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M950000003							00334	1a. Principal/Place of Business Address					
SOUTH PALM INVESTMENTS, L.L.C.								1a. Principal/Place of Business Address					
% ADLER MANAGEMENT, L.L.								% ADLER MANAGEMENT, L.L.C.					
601 SECOND AVENUE SOUTH MINNEAPOLIS MN 55402-43								601 SECOND AVENUE SOUTH, SUI MINNEAPOLIS MN 55402					
MINIMINIONIO IM JURVE-302									111111111111111111111111111111111111111				
2. Principal Place of Business 2a. Mallin					ng Address			3. Date Organized or Qualified 3a. State of Formation					
2. Principal Place of Dosiness 2a. Maint				-u. (*(a())	ig radioss			11/09/1995			DE		
Suite, Apt. #, etc. Suite, Apt.				Suite, Apt	. #, etc.			4. FEI Number			100	-	
0,10				City & Sta	ia .			• •			[]	Applied For	
City & State City & State				t o			41-1820894				Not Applicable		
Zip Country Zip			Zip	Country			5. Date of Last Report				e of Status Desired		
								04/10/1997			58 75 Additional Fee Required		
7. Name and Address of Current Registered Agent							Name	Name and Add	ress	of New Regist	tered Agent/	Office	
C T CORPORATION SYSTEM													
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324							Street Address (P.O. Box			. Box Number is Not Acceptable)			
PLANTATION FL 33324					Suite, Apt. #, etc.								
					Suite, Api. #, etc.			,					
					City						Zip Code		
							FL						
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.													
SIGNATU	RE								_ 0	ATE			
(Registored Agont Accepting Appointment) (N				OTE Registered Agent signature required when reinstating Business Street Address			City, State and Zip Code						
10. Title	Managing Members/Managers			Business Street Address			··- <u>-</u>	-	Oity,	State and Eq	0.000		
MGR	RAUENHORST, GERALD			601	SECONI	AVENUE	SOUTH,	s	MINNEA	POLIS	MN		
MGR	AGEE, JOHN			601	SECONI	AVENUE	SOUTH,	s	MINNEA	POLIS	MN		
MGR	RAUENHORST, MARK			601	SECONI	AVENUE	SOUTH,	s	MINNEA	POLIS	MN		
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/15/98 (612) 333-7660

Date

Daylimo Phone #