

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013986 AF

DOCUMENT # M95000000334

1. Entity Name
SOUTH PALM INVESTMENTS, L.L.C.

00 APR 13 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% ADLER MANAGEMENT, L.L.C.
10350 BREN ROAD WEST
MINNETONKA MN 55343-9002

Mailing Address
% ADLER MANAGEMENT, L.L.C.
10350 BREN ROAD WEST
MINNETONKA MN 55343-9014



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1820894

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME RAUENHORST, GERALD
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA MN 55343-9002

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME AGEE, JOHN
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA MN 55343-9002

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME RAUENHORST, MARK
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA MN 55343-9002

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

(605) 357-8694

Date Daytime Phone #

166(6) (12/01) C.F.