

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000334

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

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 55343-9002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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

TITLE NAME President ☐ Change ☒ Addition  
STREET ADDRESS Keith Bednarowski  
CITY-ST-ZIP 10350 Bren Road West  
Minnetonka, MN 55343

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

TITLE NAME Vice President, Treas. & Sec ☐ Change ☒ Addition  
STREET ADDRESS Luz Campa  
CITY-ST-ZIP 10350 Bren Road West  
Minnetonka, MN 55343

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Keith Bednarowski*

Keith Bednarowski, President

952-656-4800

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

Date 3-14-01

Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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