


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M95000000334 1. Entity Name SOUTH PALM INVESTMENTS, L.L.C.	
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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
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 41-1820894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000113603
04/15/04-80016-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEDNAROWSKI, KEITH 10350 BREN ROAD WEST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS CAMPA, LUZ 10350 BREN ROAD WEST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Luz Campa **Luz Campa** **3/1/2004** **(952) 656-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #