


**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 MAY -8 PM 12: 19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M95000000346**

CHQ CONSTRUCTION SERVICES, L.L.C.  
 201 MAIN STREET S.E., SUITE 222  
 MINNEAPOLIS MN 55414

1a. Principal Place of Business Address  
 201 MAIN STREET S.E., ~~SUITE 222~~  
 MINNEAPOLIS MN 55414

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc. Suite 222		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 11/21/1995	3a. State of Formation MN
4. FEI Number 41-1810299	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 02/19/1996	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

8. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_  
 City \_\_\_\_\_ FL \_\_\_\_\_ Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HEMPEL, KEITH J	201 MAIN STREET S.E., SUIT	MINNEAPOLIS MN
MGRM	STEBBINS, JEFFREY P	201 MAIN STREET S.E., SUIT	MINNEAPOLIS MN
MGRM	CARR, S. DAVID	201 MAIN STREET S.E., SUIT	MINNEAPOLIS MN
MGRM	QUITER, JOHN E	201 MAIN STREET S.E., SUIT	MINNEAPOLIS MN

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 \*\*\*\*203.75 \*\*\*\*203.75

*Jon Hempel*  
5/14/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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.

**SIGNATURE:** Jon Hempel *Jon Hempel* 4/30/97 612-379-5514  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #