File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR +8 PM 1: nn FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Secretaine of Seal TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # M95000000346** 1a. Principal Place of Business Address CHO CONSTRUCTION SERVICES, L.L.C. 201 MAIN STREET S.E., SUITE 222 201 MAIN STREET S.E., SUITE MINNEAPOLIS MN 55414 MINNEAPOLIS MN 55414 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 11/21/1995 MN Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 41-1810299 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 03/09/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. 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 (Registered Agent Amlepting Appointment). (NOTE: Registered Agent signature require siwher terrist no p 10, Title Managing Members/Managers **Business Street Address** City, State and Zip Code MCPM HEMPEL, KRITH O 201 MAIN STREET S.E., SUIT MINNEAPOLIS MN MGRM STEBBINS, JEFFREY P 201 MAIN STREET S.E., SUIT MINNEAPOLIS MN QUITER, JOHN E 201 MAIN STREET S.E., SUIT MINNEAPOLIS MN MGRM ?danee?!!4102"?----- ng 215 299 (-011) 4-- 018 (****188.75 ****188.75 11. I do hereby certify that the information stipplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Fiorida 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

OR PHINTED NAME OF SIGNIFIC MANAGERS MEMBER OR MANAGER

INHSE10 R (12-98)

attachment with an address.

SIGNATURE:

SIGNATURE AND