

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90119 001 ****50.00

20005975



01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number **41-1790365** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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. 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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RAUENHORST, GERALD	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY - ST - ZIP	MINNETONKA, MN 553439002	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RAUENHORST, MARK	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY - ST - ZIP	MINNETONKA, MN 553439002	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DECKAS, ANDREW C	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY - ST - ZIP	MINNETONKA, MN 553439002	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BOZESKY, MARGARET	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY - ST - ZIP	MINNETONKA, MN 553439002	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	NICOL, DAN F	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY - ST - ZIP	MINNETONKA, MN 553439002	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	KIMBLE, JULIE	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY - ST - ZIP	MINNETONKA, MN 55343	

10. ADDITIONS/CHANGES

TITLE	Vice President - Marketing	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Cork	
STREET ADDRESS	10350 Bren Road West	
CITY - ST - ZIP	Minnetonka, MN 55343	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Luz Campa

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

1/12/05

Date

952-656-4444

Daytime Phone #