

File on or before-May 1, 1998 or Limited Liability Company will be suiffect t⊕ a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

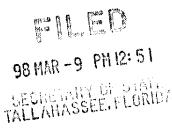
 Name and Mailing Address of Limited Liability Company

attachment with an address.

SIGNATURE:

DOCUMENT # M97000000503

NALAC FINANCIAL PLANS, LLC 1750 HENNEPIN AVENUE MINNEAPOLIS MN 55403



1a. Principal Place of Business Address

1750 HENNEPIN AVENUE MINNEAPOLIS MN 55403

(612) 347-6500

		ling Address				3. Date Organ	3a. State of Formation					
			ame				08/13/	MN				
Sulte, Apt. #, etc. Suite, A		ot. #, etc.				4. FEI Numbe	Applied For					
City & State City &		City & Sta	State									
Minneapolis, MN							NOT AP	F3				
Zip	Country	Zip		Count	ry		5. Date of Las				atus Desired	
93	903 USA						04/231	76	S8 75 Additi	onal Fee	Required	
7. Name and Address of Current Registered			•				Name and Address of New Registered Agent/Office					
OF CORROBATION GUARRINA						Name						
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)							
PLANTATION FL 33324					Siledi Accides (F.O. Dex Hallings is Not Acceptable)							
		Suite, Apt. #, etc			Apt. #, etc.).						
				İ								
					City				Zip Code			
								<u>FL</u>				
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												
10. Title				Business Street Address				City, State and Zip Code				
								5 (y) 6 (d) 6 (d) 6 (d) 6 (d)				
MDD			1,750									
MBR	CLIFFORD, THOMAS		1 / 50	HENNE	SPIN	AVEN	UE	MINNEA	POLIS	MN	35403	
MBR	YATES, MICHAEL			1750 HENNEPIN AVENU				MINNEA	POLIS	MN	55403	
l	<u> </u>		- , o , 								00,05	
MBR	WESTERMEYER, MICHAEL 1750 H			HENNE	NEPIN AVENUE			MINNEAPOLIS MN 55403				
MBR	MIELKE, CATHERINE		1750	UENINE	ZD T M	N S J EP NI	rito	MINNER	DAT TO	101	55UA2	
MDK	MIEDRE, CAIRERINE	İ	1/30	HENNE	PPIN	AVEN	OE	MINNEA	POLIS	MM	55403	
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Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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