

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000535

Entity Name: LINDSAY CAN-AM GROUP, LLC

FILED
Mar 17, 2006
Secretary of State

Current Principal Place of Business:

8700 W. 36TH STREET, #MB11
ST. LOUIS PARK, MN 55426

New Principal Place of Business:

Current Mailing Address:

8700 W. 36TH STREET, #MB11
ST. LOUIS PARK, MN 55426

New Mailing Address:

FEI Number: 41-1822066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUHN, GEORGE
C/O RE/MAX PROPERTIES
1314 VENICE AVENUE EAST, SUITE NO. 2
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LINDSAY, WILLIAM G
Address: 8700 W. 36TH ST
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: MGR () Delete
Name: LINDSAY, JONATHAN J
Address: 8700 W. 36TH ST.
City-St-Zip: ST. LOUIS PARK, FL 55426

Title: MGR () Delete
Name: LINDSAY, H. JOANN
Address: 8700 W. 36TH ST.
City-St-Zip: ST. LOUIS PARK, MN 55426

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONATHAN J. LINDSAY

MGR

03/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date