


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 27 PM 2:22 wly/28	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000829 OIRE, L.L.C. 800 OPUS CENTER 9900 BREN ROAD EAST MINNETONKA MN 55343				1a. Principal Place of Business Address 800 OPUS CENTER 9900 BREN ROAD EAST MINNETONKA MN 55343	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 12/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation DE	
City & State		City & State		4. FEI Number 41-1889053	
Zip	Country	Zip	Country	5. Date of Last Report	
				6. Certificate of Status Desired \$6.75 Additional Fee Required <input type="checkbox"/>	
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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 300002506829-8 City -04/30/98-01081-003 ****188.75 Zip Code ****188.75 FL	
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 Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	DECKAS, ANDREW C.	800 OPUS CENTER, 9900 BREN		MINNETONKA, MN 55343	
MGR	BEDNAROWSKI, KEITH P	800 OPUS CENTER, 9900 BREN		MINNETONKA MN 55343	
MGR	SCHIFERL, RONALD W.	800 OPUS CENTER, 9900 BREN		MINNETONKA, MN 55343	

11. I do 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 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: _____

Ronald W. Schiferl
Vice President

4/2/98 612-836-4571
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER