


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M97000000885 1. Entity Name OIRE USA, L.L.C.	
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Principal Place of Business 10350 BREN ROAD WEST MINNETONKA, MN 55343	Mailing Address 10350 BREN ROAD WEST MINNETONKA, MN 55343
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 41-1894300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

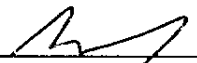
**Filing Fee is \$50.00
Due by May 1, 2004**

000000136342
04/28/04-80088-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BEDNAROWSKI, KEITH P 10350 BREN ROAD WEST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR SCHIFERL, RONALD W 10350 BREN ROAD WEST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR DECKAS, ANDREW C 10350 BREN ROAD WEST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR COMPA, LUZ 10350 BREN ROAD WEST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR LAU, WADE 10350 BREN ROAD WEST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Ronald W. Schiferl** 4/19/2004 952-656-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #