

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M97000000885

1. Entity Name
OIRE USA, L.L.C.



Principal Place of Business
10350 BREN ROAD WEST
MINNETONKA, MN 55343

Mailing Address
10350 BREN ROAD WEST
MINNETONKA, MN 55343



01122005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1894300

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

**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

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

9. MANAGING MEMBERS/MANAGERS

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

U00000202004
01/28/05-80085-018 50.00

**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)(b), 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

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

1/12/05 (952) 656-4444

Date

Daytime Phone #