

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90189 026 *****50.00

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DOCUMENT # M98000000866

1. Entity Name

CAPITOL TALLAHASSEE, LLC



Principal Place of Business

**800 NICOLLET MALL, J1012019
MINNEAPOLIS MN 55402**

Mailing Address

**800 NICOLLET MALL, J1012019
MINNEAPOLIS MN 55402**

2. Principal Place of Business

2801 NORTH MONROE

Suite, Apt. #, etc.

3. Mailing Address

130 MAPLE DRIVE NORTH

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

HENDERSONVILLE, TN

4. FEI Number

31-1606404

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

37075

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM CAPITOL REALTY I, LLC** ☐ Delete
STREET ADDRESS **800 NICOLLET MALL, J1012019**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGRM CAPITOL REALTY I, LLC** ☒ Change ☐ Addition
STREET ADDRESS **130 MAPLE DRIVE NORTH**
CITY-ST-ZIP **HENDERSONVILLE, TN 37075**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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:

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

Date

Daytime Phone #

4-23-03

815-264-8000

CR2E083 (10/02)