

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000000948

1. Entity Name
NORTHCO-TSG MANAGERS LLC



Principal Place of Business
C/O COLONNADE PROPERTIES LLC
ONE ROCKEFELLER PLAZA, SUITE 2300
NEW YORK, NY 10020

Mailing Address
C/O COLONNADE PROPERTIES LLC
ONE ROCKEFELLER PLAZA, SUITE 2300
NEW YORK, NY 10020

DO NOT WRITE IN THIS SPACE



05112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
41-1917701

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
NORTHCO MANAGERS LLC
4900 VIKING DRIVE
EDINA, MN 55435

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
TSG MANAGERS LLC
ONE ROCKEFELLER PLAZA
NEW YORK, NY 10020

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

1100000378413
11/15/05-800006-001 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)(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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #