

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 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**



02082006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 reappointing)

000000423744

**Filing Fee is \$50.00
Due by May 1, 2006**

04/05/06-80029-004 50.00

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
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CITY- ST- ZIP

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TITLE
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STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Joseph Sambuco

3/16/06

212-432-6900

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

Date

Daytime Phone #