

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90030 023 ****50.00

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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		
2. Principal Place of Business - No P.O. Box # 380 Lexington Avenue Suite, Apt. #, etc. Suite 710 City & State New York, NY Zip 10168		3. Mailing Address 380 Lexington Ave. Suite, Apt. #, etc. Suite 710 City & State New York, NY Zip 10168		02012007 Chg-LLC CR2E083 (12/06)	
Country USA		Country USA		4. FEI Number 41-1917701	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTHCO MANAGERS LLC 4900 VIKING DRIVE EDINA, MN 55435 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	380 LEXINGTON AVE. SUITE 710 NEW YORK, NY 10168 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TSG MANAGERS LLC ONE ROCKEFELLER PLAZA NEW YORK, NY 10020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLONNADE PROPERTIES LLC 380 LEXINGTON AVE. SUITE 710 NEW YORK, NY 10168 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	