File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 12 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M98000001053

VA PARCEL, L.L.C.
6300 SHINGLE CREEK PARKWAY, SUITE 600
MINNEAPOLIS MN 55430-2124

1a. Principal Place of Business Address
6300 SHINGLE CREEK PARKWAY,
MINNEAPOLIS MN 55430

2. Principal Place of Business: Same as above
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address: Same as above
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 09/18/1998
3a. State of Formation: DE
4. FEI Number: 41-1827015
☐ Applied For
☐ Not Applicable
5. Date of Last Report
6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name: No change Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: FL Zip Code:

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****188.75 ****188.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE N/A (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when title is blank) DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	CLARK, JOHN L	6300 SHINGLE CREEK PARKWAY	MINNEAPOLIS MN
MGR	LOHN, BRUCE F	6300 SHINGLE CREEK PARKWAY	MINNEAPOLIS MN
MGR	O'NEIL, MICHAEL E	6300 SHINGLE CREEK PARKWAY	MINNEAPOLIS MN
MGR	SATORIUS, JOHN A	900 SECOND AVENUE SOUTH, S	MINNEAPOLIS MN

LL 4-15-99

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Michael E O'Neil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

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