## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Apr 19, 2005 08:00 AM Secretary of State

DOCUMENT # M9800001211  1. Entity Name VALUATION INFORMATION TECHNOLOGY, L.L.C.		
Principal Place of Business  5700 SMETANA DRIVE SUITE 400 MINNETONKA, MN 55343	Mailing Address 7777 WASHINGTON AVE SUITE 400 EDINA, MN 55439	



## 04062005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1477113 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301 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, 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 May 1, 2005 MANAGING MEMBERS/MANAGERS MGRM RELS, LLC 5700 SMETANA DR., STE 400 STREET ADDRESS MINNETONKA, MN 55343 CITY-ST-ZIP \_\_\_U00000315347 04/19/05-80031-016 50.00

TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-ZIP TITLE NAME 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)(f). 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 it 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.

9.

TITLE

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Charles W. Philipsek 4-6-05