


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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>99 MAR 22 PM 12: 06</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA																	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>		<b>DOCUMENT # M98000001312</b>																			
<b>1. Name and Mailing Address of Limited Liability Company</b> CONNAISSANCE CONSULTING, LLC <del>605 HIGHWAY 169 NORTH 12TH FLOOR</del> <del>PLYMOUTH MN 55441</del>		<b>1a. Principal Place of Business Address</b> <del>605 HIGHWAY 169 NORTH 12TH F</del> <del>PLYMOUTH MN 55441</del>																			
<b>2. Principal Place of Business</b> 5101 SHADY OAK ROAD Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 5101 SHADY OAK ROAD Suite, Apt. #, etc.		<b>3. Date Organized or Qualified</b> 11/02/1998																	
<b>City &amp; State</b> MINNETONKA MN		<b>City &amp; State</b> MINNETONKA, MN		<b>3a. State of Formation</b> MN																	
<b>Zip</b> 55343		<b>Country</b> USA		<b>4. FEI Number</b> 41-1903581																	
<b>5. Date of Last Report</b>		<b>6. Certificate of Status Desired</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																			
<b>7. Name and Address of Current Registered Agent</b> CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			<b>8. Name and Address of New Registered Agent/Office</b> Name 188.75 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code																		
<b>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.</b>																					
<b>SIGNATURE</b> _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when reappointing)</small>			<b>DATE</b> _____																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. T*</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR</td> <td>MACKENZIE, KENNETH S</td> <td>382 BOVEY ROAD</td> <td>WAYZATA MN</td> </tr> <tr> <td>MGR</td> <td>LUSENHOP, JEFFREY</td> <td>3933 FARBER COURT</td> <td>NEW ALBANY OH</td> </tr> <tr> <td>MGR</td> <td>SELL, NEIL I</td> <td>140 CARLSON PARKWAY, #30</td> <td>MINNETONKA MN</td> </tr> </table>						10. T*	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	MACKENZIE, KENNETH S	382 BOVEY ROAD	WAYZATA MN	MGR	LUSENHOP, JEFFREY	3933 FARBER COURT	NEW ALBANY OH	MGR	SELL, NEIL I	140 CARLSON PARKWAY, #30	MINNETONKA MN
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<b>11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), 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.</b>																					
<b>SIGNATURE:</b> _____ <span style="float: right;">(612) 352-4000</span>																					