

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 21, 2000 08:00 AM
Secretary of State

DOCUMENT # M99000000219

1. Entity Name
 ALAMO FINANCING L.L.C.

Principal Place of Business 110 S.E. 6TH STREET REPUBLIC TOWER FORT LAUDERDALE 33301	FL	Mailing Address 110 S.E. 6TH STREET REPUBLIC TOWER FORT LAUDERDALE 33301	FL
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2. Principal Place of Business 200 S. ANDREWS AVENUE	3. Mailing Address 200 S. ANDREWS AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
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4. FEI Number 41-1930028	Applied For <input type="checkbox"/> Not Applicable
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Zip 33301	Country	Zip 33301	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL
 33324 US

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ DATE **04/21/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN JOSEPH L 7700 FRANCE AVENUE SOUTH MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORENSEN PETER H 7700 FRANCE AVENUE SOUTH MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARELL JEFFREY J 7700 FRANCE AVENUE SOUTH MINNEAPOLIS MN 55435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORENSEN PETER H 200 S. ANDREWS AVENUE FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWARTZ HOWARD D 200 S. ANDREWS AVENUE FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYLE KATHLEEN W 200 S. ANDREWS AVENUE FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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.