DOCU 1. Entity Nar	MENT # P94 LE PROPERTIES OF SA	0000 784	17	(UBF	?)	FII / May 24, 2 Secretar 05-24-2001 900	y of S1	tate
	ce of Business	Mailing Address						
928 Beach Road Sanibel, FL 33957		10951 Bush Lake Road Bloomington, MN 55438-2647			ne	ስ ፖ ድጓድድ		
2. Principal Place of Business		3. Mailing Address				ÜΨ	056266	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			*****	DO NOT WRITE IN THIS SPACE		
City & Stat	е	City & State		4.	4. FEI Number // Applied For Not Applied be			
Zip	Country	Zip Countr		ry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent			
Murty, Timothy J. 1633 Periwinkle Way, Suite A Sanibel, FL 33957			}	Street Ad	et Address (P.O. Box Number is Not Acceptable)			
				Cir.		7io Codo		
8. The above	named entity submits this statement fo	r the purpose of changing its	r∋gistere	City d office or r	registered ac		FL Zip Cod	ie
Tax filing r	Signature, typed or printer pane of registered agent or oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After May 1/1 200	FEE I	S \$150:0 vill be \$50	0.00			00 May Be d to Fees
11.	OFFICERS AND		12.	e regional region de la companya de	非几种的产生的	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Clarke, T. Michael 10951 Bush Lake Road	Delete	TITLE NAME STREE	T ADDRESS ST-ZIP	DPST Stroup 10951	, Larry J. Bush Lake Road	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY_ST-ZIP	Minneapolis, MN_55438	☐ Deiete	TITLE NAME STREET	T ADDRESS	Minne	apolis, MN-55438	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	r address	<u></u>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP	· .		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS .			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	☐ Addition
indicated of of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empore on an attachment with an address, w	true and accurate and that my wered to execute this report a: ith all other like empowered.	y signatui s required	re shall hav	e the same I er 607, Florid	legal effect as if made under oath; the data statutes; and that my name appear	at Lamian officer.	or director Block 12 if