

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90378 013 \*\*\*\*50.00

<b>DOCUMENT # M06000006422</b>																										
<b>1. Entity Name</b> OPUS REAL ESTATE FL VII TO2, L.L.C.																										
<b>Principal Place of Business</b> 4200 W. CYPRESS, SUITE 444 TAMPA, FL 33607		<b>Mailing Address</b> 4200 W. CYPRESS, SUITE 444 TAMPA, FL 33607																								
<b>2. Principal Place of Business - No P.O. Box #</b> 10350 Bren Road West Suite, Apt. #, etc.		<b>3. Mailing Address</b> 10350 Bren Road West Suite, Apt. #, etc.																								
<b>City &amp; State</b> Minnetonka, MN Zip: 55343 Country: USA		<b>City &amp; State</b> Minnetonka, MN Zip: 55343 Country: USA																								
<b>4. FEI Number</b> 20-5890684		<b>Applied For</b> <input type="checkbox"/> Not Applicable																								
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>																								
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____																								
<b>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.</b>																										
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																										
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>																								
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>																								
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>																										
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Wade Lau <span style="float: right;">4/24/07</span> <small>Date Daytime Phone #</small>																								