

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # M06000006422			
1. Entity Name OPUS REAL ESTATE FL VII TO2, L.L.C.			
Principal Place of Business 4200 W. CYPRESS, SUITE 444 TAMPA, FL 33607		Mailing Address 4200 W. CYPRESS, SUITE 444 TAMPA, FL 33607	
2. Principal Place of Business - No P.O. Box # 10350 Bren Road West Suite, Apt. #, etc.		3. Mailing Address 10350 Bren Road West Suite, Apt. #, etc.	
City & State Minnetonka, MN Zip: 55343 Country: USA		City & State Minnetonka, MN Zip: 55343 Country: USA	
4. FEI Number 20-5890684		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ 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, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: RAUENHORST, JOSEPH J STREET ADDRESS: 225 N.E. MIZNER BLVD., SUITE 675 CITY-ST-ZIP: BOCA RATON, FL 33432	☒ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
TITLE: MGR NAME: GREENFIELD, BARRY W STREET ADDRESS: 4200 W. CYPRESS AVE., SUITE 444 CITY-ST-ZIP: TAMPA, FL 33607	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: MGR NAME: Keith Bednarowski STREET ADDRESS: 10350 Bren Rd W CITY-ST-ZIP: Minnetonka, MN 55343	☐ Change ☒ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: MGR NAME: Lue Campa STREET ADDRESS: 10350 Bren Rd W CITY-ST-ZIP: Minnetonka, MN 55343	☐ Change ☒ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: MGR NAME: Andrew Deckas STREET ADDRESS: 10350 Bren Rd W CITY-ST-ZIP: Minnetonka, MN 55343	☐ Change ☒ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: MGR NAME: Wade Lau STREET ADDRESS: 10350 Bren Rd W CITY-ST-ZIP: Minnetonka, MN 55343	☐ Change ☒ Addition
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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Wade Lau 4/24/07 Date Daytime Phone #	