

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90039 023 \*\*\*\*55.00

DOCUMENT # L02000016142

1. Entity Name  
OPUS 5 LLC



Principal Place of Business  
5050 TOWN CENTER CIRCLE  
245  
BOCA RATON, FL 33486 US

Mailing Address  
5050 TOWN CENTER CIRCLE  
245  
BOCA RATON, FL 33486 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

45-0481509

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUM, BRUCE S  
16370 VIA FONTANA  
DELRAY BEACH, FL 33484

Name Burton M. Rapoport

Street Address (P.O. Box Number is Not Acceptable)  
5050 Town Center Circle #245

City Boca Raton

FL

Zip Code 33486

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RAPOPORT, BURTON M  
16850 JOG ROAD # 101  
DELRAY BEACH, FL 33446 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Burton M. Rapoport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/5/07 (561) 289-1959

Date

Daytime Phone #