

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90030 015 \*\*\*\*50.00

**DOCUMENT # L02000032117**

1. Entity Name  
**OPUS REX, L.L.C.**



Principal Place of Business  
**C/O RICHARD J ALAN CAHAN  
5201 BLUE LAGOON DRIVE STE. 100  
MIAMI, FL 33126**

Mailing Address  
**C/O RICHARD J ALAN CAHAN  
5201 BLUE LAGOON DRIVE STE. 100  
MIAMI, FL 33126  
XXXXXXXXXX**

**24046486**



01062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>43-1992197</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**CAHAN, RICHARD J  
5201 BLUE LAGOON DRIVE STE. 100  
MIAMI, FL 33126  
XXXXXXXXXX  
121 Alhambra Plaza, Suite 1000  
Coral Gables, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GARY T. BOJTESAK 6334 VISTA DEL MAR PLAYA DEL REY, CA 90293</b>
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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.

**SIGNATURE:**

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

Date

Daytime Phone #

**3-1-04**