2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

1. Entity Name OPUS SOUTH MANAGEMENT CORPORATION							04-30-200	8 90169	049 ****13	10.00	
Principal Place of Business 4200 W CYPRESS ST STE 444 TAMPA, FL 33607		Mailing Address 4200 W CYPRESS ST STE 444 TAMPA, FL 33607					600327				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04212008	Chg-P	CR2E	034 (12/06)		
City & State		City & State				4. FEI Number 59-2964			No	plied For at Applicable	
Zip Country		Zip	Country				of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable)							
	·			City	<u></u>			Fl	Zip Code	e	
The above named entity submits this statement for the purpose of changing its rec					register	ed agent, or both	n, in the State of F		familiar with.	and accept	
	ions of registered agent.	The purpose of changing to	Togiotoi	od omoo o	rogistor	00 u go/k, 01 00	7, 11 010 State 51 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signatu	ura required	when reinstating)		DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Frust Fund Contribut											
						00 May Be ed to Fees					
		Trust Fund Cont			Add	ed to Fees ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTOR		
After Ma	ay 1, 2008 Fee will be \$550.6 OFFICERS AND PD	Trust Fund Cont	11.		Add	ADDITIONS/			Chagan	Addition	
After Ma	ay 1, 2008 Fee will be \$550.4 OFFICERS AND	Trust Fund Cont	11. TITL NAN		Add	ADDITIONS/			Chagan	Addition	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LILL BARRY GREEN FIELD