

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001136 1. Entity Name OPUS REAL ESTATE VENTURES V FL, L.L.C.	
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Principal Place of Business 10350 BREN ROAD WEST MINNETONKA, MN 55343 US	Mailing Address 10350 BREN ROAD WEST MINNETONKA, MN 55343 US
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01122005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650011	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEDNAROWSKI, KEITH P 10350 BREN ROAD WEST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHIFERL, RONALD W 10350 BREN ROAD WEST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAMPA, LUZ 10350 BREN ROAD WEST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DECKAS, ANDREW C 10350 BREN ROAD WEST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAU, WADE 10350 BREN ROAD WEST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/28/05-80085-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Ronald W. Schiferl

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

1/12/05 (952) 656-4444

Date

Daytime Phone #