## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Ronald W. Schifer1

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

## DOCI IMENIT # MO100001276



**FILED** Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90079 002 \*\*\*\*50.00

UNINETONICA, MN 55343  MUNNETONICA, MN 55343	1. Entity Name OPUS REAL ESTATE AMERICA IV FL, L.L.C.							77040	<b>U 1 U</b>		
UNINETONICA, MN 55343  MUNNETONICA, MN 55343	Principal Place	of Business		Mailing Address	Mailing Address			1.000		*	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Q4172004 Chg-LLC CR2E083 (10/03)	10350 BREN ROAD WEST MUNNETONKA, MN 55343										
City & State  Country	2. Principal Place of Business			3. Mailing Address				);			
Sp. 37.25189   Nat Applicable	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172004	Chg-LLC	CR2E08	33 (10/03)	
S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name    Name	City & State			City & State			1			<u> </u>	
Name    Name   Name   Street Address (P.O. Box Number is Not Acceptable)	Zip			<u> </u>			9. Certificate of Status Desired			ee Required	
Street Address (P.O. Box Number is Not Acceptable)	<del> </del>	6. Name and Addi	ress of Current P	Registered Agent				d Address of New I	Registered A	.gent	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Provide the protect raise of registered agent and the it application.   Provide a protect raise of registered agent and the it application.	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525										
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Provide the protect raise of registered agent and the it application.   Provide a protect raise of registered agent and the it application.		÷						<u>-</u>			
the obligations of registered agent.  IGNATURE Sprake, typed or binned name of registered agent and lote if applicable. (NOTE Registered Agent segreture required when renadating)  Part Sprake, typed or binned name of registered agent and lote if applicable. (NOTE Registered Agent segreture required when renadating)  Part Sprake, typed or binned name of registered agent and lote if applicable. (NOTE Registered Agent segreture required when renadating)  Part Sprake, typed or binned name of registered agent and lote if applicable. (NOTE Registered Agent segreture required when renadating)  Part Sprake, typed or binned name of registered agent and lote if applicable. (NOTE Registered Agent segreture required when renadating)  Part Sprake, typed or binned name of registered agent and lote if applicable. (NOTE Registered Agent segreture required when renadating)  Part Sprake, typed or binned name of registered agent and lote if applicable. (NOTE Registered Agent segreture required when renadating)  Part Sprake, typed or binned name of registered agent and lote if applicable. (NOTE Registered Agent segreture required when renadating)  Part Sprake, typed or binned name of registered agent and lote if applicable to Florida Department of State  Part Sprake, typed or binned name of registered agent and lote if applicable to Florida Department of State  Part Sprake, typed or binned name of registered agent and lote if applicable to Florida Department of State  Part Sprake, typed or ty		rat	:			City			FL	Zip Code	9
Filing Fee is \$50.00 Due by May 1, 2004  The management agent and little if applicative (NOTE. Registered Agent agent and near remission)  The management of State  The man	the obligati			the purpose of changing its	registere	ed office or register	red agent, or bo	oth, in the State of Fl	lorida. I am f	amiliar with, a	and accept
Due by May 1, 2004    Managing MemBers/Managers   10.   ADDITIONS/CHANGES     MGR	SIGNATURE .	Signature, typed or printed nam	ne of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		
MAKE MEDNAROWSKI, KEITH SET ADDRESS STREET ADDRESS								,	•	-	•
MME DEDNAROWSKI, KEITH 10350 BREN ROAD WEST 10350 B	9.		NAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TREET ADDRESS   10350 BREN ROAD WEST	TITLE		VEITU			l.				Change	Addition
MGR	STREET ADDRESS	· ·									
AME TREET ADDRESS TITY-ST-ZIP TITE MGR CAMPA, LUZ TITE TITE MGR CAMPA, LUZ TITE TITE TITE TITE TITE TITE TITE TIT	CITY-ST-ZIP	MUNNETONKA, M	IN 55343		CITY	-ST-ZIP					
IREET ADDRESS  10350 BREN ROAD WEST MUNNETONKA, MN 55343  ITLE MGR CAMPA, LUZ IREET ADDRESS 10350 BREN ROAD WEST MUNNETONKA, MN 55343  ITLE MGR CAMPA, LUZ 10350 BREN ROAD WEST MUNNETONKA, MN 55343  ITLE MGR DECKAS, ANDREW 10350 BREN ROAD WEST MUNNETONKA, MN 55343  ITLE MGR DECKAS, ANDREW 10350 BREN ROAD WEST MUNNETONKA, MN 55343  ITLE MGR DECKAS, ANDREW 10350 BREN ROAD WEST MUNNETONKA, MN 55343  ITLE MGR DECKAS, ANDREW 10350 BREN ROAD WEST MUNNETONKA, MN 55343  ITLE MGR LAU, WADE ITREET ADDRESS ITLE TADDRESS ITLE TADDRESS ITLE TADDRESS ITLE TADDRESS ITLE TADDRESS ITLE MGR MANE MANE MASCIA, PATRICK ITLE MASCIA, PATRICK ITLE MASCIA, PATRICK ITREET ADDRESS ITRE	TITLE		u n w	☐ Delete						☐ Change	Addition
ITLE	STREET ADDRESS	1				1					
AME CAMPA, LUZ	CITY-ST-ZIP	MUNNETONKA, M	IN 55343	СІТҮ		-ST-ZIP					
TREET ADDRESS ALTY-ST-ZIP MUNNETONKA, MN 55343 TITLE MGR DECKAS, ANDREW AME DECKAS, ANDREW 10350 BREN ROAD WEST MUNNETONKA, MN 55343 TITLE MGR DECKAS, ANDREW 10350 BREN ROAD WEST MUNNETONKA, MN 55343 TITLE MGR LAU, WADE AME LAU, WADE ITREET ADDRESS TITLE	TITLE	\								Change	Addition Addition
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DECKAS, ANDREW 10350 BREN ROAD WEST MUNNETONKA, MN 55343  TILE MGR LAU, WADE ITREET ADDRESS ITY-ST-ZIP MUNNETONKA, MN 55343  TILE MGR LAU, WADE ITREET ADDRESS ITY-ST-ZIP MUNNETONKA, MN 55343  TILE MGR MARE LAU, WADE  TILE MGR LOSSO BREN ROAD WEST MUNNETONKA, MN 55343  TILE MGR MASCIA, PATRICK ITREET ADDRESS ITREET ADDRE	CITY-ST-ZIP	MUNNETONKA, MN 55343			CITY	-ST-ZIP					
TITLE MGR Delete TITLE NAME LAU, WADE STREET ADDRESS MUNNETONKA, MN 55343  TITLE MGR Delete TITLE NAME LAU, WADE STREET ADDRESS MUNNETONKA, MN 55343  TITLE MGR DELET ADDRESS MUNNETONKA, MN 55343  TITLE MGR STREET ADDRESS MUNNETONKA, MN 55343  TITLE MGR STREET ADDRESS MUNNETONKA, MN 55343  TITLE MGR MASCIA, PATRICK NAME LAU, WADE STREET ADDRESS MUNNETONKA, MN 55343  TITLE MGR STREET ADDRESS MAME STREET ADDRESS MAME LAU, WADE STREET ADDRESS MAME STREET ADDRESS	TITLE	1	14/	☐ Delete		1				Change	Addition
CITY-ST-ZIP  MUNNETONKA, MN 55343  CITY-ST-ZIP  MGR LAU, WADE  LAU, WADE  10350 BREN ROAD WEST  CITY-ST-ZIP  MUNNETONKA, MN 55343  CITY-ST-ZIP  MUNNETONKA, MN 55343  CITY-ST-ZIP  MGR MASCIA, PATRICK ITILE  MASCIA, PATRICK ITILE  MASCIA, PATRICK ITILE  MASCIA, PATRICK ITILE  NAME  STREET ADDRESS					1	1					
AME LAU, WADE NAME  ITREET ADDRESS 10350 BREN ROAD WEST STREET ADDRESS  ITIV-ST-ZIP MUNNETONKA, MN 55343  ITILE MGR Delete TITLE  MASCIA, PATRICK NAME  ITREET ADDRESS 10350 BREN ROAD WEST STREET ADDRESS  ITREET ADDRESS STREET ADDRESS  STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP	l				1					
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IAME MASCIA, PATRICK STREET ADDRESS 10350 BREN ROAD WEST STREET ADDRESS	CITY-ST-ZIP										
TREET ADDRESS 10350 BREN ROAD WEST STREET ADDRESS	TITLE	l .				l l				Change	☐ Addition
	NAME STREET ADDRESS	1 ' ' '									
	CITY-ST-ZIP	1				1					
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 cath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	indicated	on this report is true a	ind accurate and i	that my signature shall have	the sam	e legal effect as if i	made under oa	ith; that I am a mana	. I further cer aging membe	tify that the ir or manage	nformation er of the

Ronald W. Schiferl

4/27/2004

952-656-4444