LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001376

1. Entity Name

OPUS REAL ESTATE AMERICA IV FL, L.L.C.

FILED
03 MAY 16 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10350 Bren Road West
Suite, Apt. #, etc.
City & State: Minnetonka, MN
Zip: 55343 Country: USA

3. Mailing Address
10350 Bren Road West
Suite, Apt. #, etc.
City & State: Minnetonka, MN
Zip: 55343 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3725189 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
City: Tallahassee, FL Zip Code: 32301

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.

300019188843
05/16/03--01075--009 **50.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MGR	Keith Bednarowski	10350 Bren Road West	Mtka, MN 55343
Mgr	Ronald W. Schiferl	10350 Bren Road West	Mtka, MN 55343
Mgr	Luz Campa	10350 Bren Road West	Mtka, MN 55343
Mgr	Andrew Deckas	10350 Bren Road West	Mtka, MN 55343
Mgr	Wadé Lau	10350 BrenRoad West	Mtka, MN 55343
Mgr	Patrick Mascia	10350 Bren Road West	Mtka, MN 55343

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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: Wade Lau 5/15/03 952-656-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083B (12/02)

STF FL32519F.1