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

DO NOT WRITE IN THIS SPACE

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 **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.

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

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	Keith Bednarowski	NAME	
STREET ADDRESS	10350 Bren Road West	STREET ADDRESS	
CITY - ST - ZIP	Mtka, MN 55343	CITY - ST - ZIP	
TITLE	Mgr	TITLE	
NAME	Ronald W. Schiferl	NAME	
STREET ADDRESS	10350 Bren Road West	STREET ADDRESS	
CITY - ST - ZIP	Mtka, MN 55343	CITY - ST - ZIP	
TITLE	Mgr	TITLE	
NAME	Luz Campa	NAME	
STREET ADDRESS	10350 Bren Road West	STREET ADDRESS	
CITY - ST - ZIP	Mtka, MN 55343	CITY - ST - ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	Mgr	TITLE	
NAME	Andrew Deckas	NAME	
STREET ADDRESS	10350 Bren Road West	STREET ADDRESS	
CITY - ST - ZIP	Mtka, MN 55343	CITY - ST - ZIP	
TITLE	Mgr	TITLE	
NAME	Wadé Lau	NAME	
STREET ADDRESS	10350 BrenRoad West	STREET ADDRESS	
CITY - ST - ZIP	Mtka, MN 55343	CITY - ST - ZIP	
TITLE	Mgr	TITLE	
NAME	Patrick Mascia	NAME	
STREET ADDRESS	10350 Bren Road West	STREET ADDRESS	
CITY - ST - ZIP	Mtka, MN 55343	CITY - ST - ZIP	

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 5/15/03 952-652-4414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083B (12/02)

STF FL32519F.1