

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0034195

**DOCUMENT # M02000000679**

1. Entity Name

OPUS SOUTH VENTURES, L.L.C.



**FILED**

2003 MAY -2 PM 6:39

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

C/O OPUS SOUTH CORPORATION  
4200 WEST CYPRESS ST., STE. 444  
TAMPA FL 33607

Mailing Address

C/O OPUS SOUTH CORPORATION  
4200 WEST CYPRESS ST., STE. 444  
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

**73-1631657**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **RAUENHORST, MARK**  
STREET ADDRESS **10350 BREN ROAD WEST**  
CITY-ST-ZIP **MINNETONKA MN 55343**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Joseph Rauenhurst**  
STREET ADDRESS **1300 Sawgrass Parkway #144**  
CITY-ST-ZIP **Sunrise FL 33323**

TITLE **MGR** ☐ Delete  
NAME **GREENFIELD, BARRY W**  
STREET ADDRESS **4200 WEST CYPRESS, STE. 444**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **500017861725** ☐ Change ☐ Addition  
NAME **05/02/03--01008--027**  
STREET ADDRESS **\*\*\$0.00**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Barry W Greenfield*

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

**4/29/03**

Date

**(813) 877-4444**

Daytime Phone #

CR2E083 (10/02)