

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 18, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002824

1. Entity Name
OPUS SOUTH DEVELOPMENT, L.L.C.



Principal Place of Business

4200 WEST CYPRESS ST., STE. 444
TAMPA, FL 33607

Mailing Address

4200 WEST CYPRESS ST., STE. 444
TAMPA, FL 33607



04212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0893119

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2004**

000000160844

05/18/04-80006-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RAUENHORST, JOSEPH J
STREET ADDRESS 1300 SAWGRASS CORP. PKWY., STE. 144
CITY- ST- ZIP SUNRISE, FL 33323

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

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CITY- ST- ZIP

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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:

Barry Greenfield

4/23/04

(813) 877-4444

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