

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90028 011 \*\*\*\*50.00

**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

**DO NOT WRITE IN THIS SPACE**



03192007No Chg-LLC

CR2E083 (11/05)

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	DP
NAME	RAUENHORST, JOSEPH J
STREET ADDRESS	225 NE MIZNER BLVD. #675
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	DVTS
NAME	GREENFIELD, BARRY W
STREET ADDRESS	4200 WEST CYRESS ST., STE. 444
CITY- ST- ZIP	TAMPA, FL 33607
TITLE	V
NAME	SHAW, JERRY
STREET ADDRESS	4200 W CYPRESS ST., STE 444
CITY- ST- ZIP	TAMPA, FL 33607
TITLE	V
NAME	ZOROMSKY, HOWARD
STREET ADDRESS	4200 W CYPRESS ST., STE 444
CITY- ST- ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

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

Date

Daytime Phone #

03-20-07

83  
877-4444