

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90024 046 \*\*\*138.75

**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

**50005305**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212008 Chg-LLC CR2E083 (12/06)

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

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE DP  
NAME RAUENHORST, JOSEPH J  
STREET ADDRESS 225 NE MIZNER BLVD. #675  
CITY-ST-ZIP BOCA RATON, FL 33432 ☒ Delete

TITLE **DP**  
NAME HUNTER BARRIER  
STREET ADDRESS 925 NORTH POINT PARKWAY #350  
CITY-ST-ZIP ALPHARETTA, GA 30005 ☐ Change ☒ Addition

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

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

TITLE V  
NAME SHAW, JERRY  
STREET ADDRESS 4200 W CYPRESS ST., STE 444  
CITY-ST-ZIP TAMPA, FL 33607 ☒ Delete

TITLE **DVP**  
NAME ANTHONY C. MARTIN  
STREET ADDRESS 121 SOUTH ORANGE AVE  
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Change ☒ Addition

TITLE V  
NAME ZOROMSKY, HOWARD  
STREET ADDRESS ~~4200 W CYPRESS ST., STE 444~~  
CITY-ST-ZIP ~~TAMPA, FL 33607~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS 925 NORTH POINT PARKWAY #350  
CITY-ST-ZIP ALPHARETTA, GA 30005 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**BARRY GREENFIELD**

**21 April 08**

Date

Daytime Phone #

**813-877-4444**