

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000002899

1. Entity Name

OPUS REAL ESTATE FLORIDA V, L.L.C.



Principal Place of Business

10350 BREN ROAD WEST  
MINNETONKA, MN 55343

Mailing Address

10350 BREN ROAD WEST  
MINNETONKA, MN 55343



01122005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1635851

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME BEDNAROWSKI, KEITH P  
STREET ADDRESS 10350 BREN ROAD WEST  
CITY-ST-ZIP MINNETONKA, MN 55343

TITLE MGR  
NAME DECKAS, ANDEW F  
STREET ADDRESS 10350 BREN ROAD WEST  
CITY-ST-ZIP MINNETONKA, MN 55343

TITLE MGRM  
NAME CAMPA, LUZ  
STREET ADDRESS 10350 BREN ROAD WEST  
CITY-ST-ZIP MINNETONKA, MN 55343

TITLE MGR  
NAME LAU, WADE  
STREET ADDRESS 10350 BREN ROAD WEST  
CITY-ST-ZIP MINNETONKA, MN 55343

TITLE MGR  
NAME SCHIFERL, RONALD W  
STREET ADDRESS 10350 BREN ROAD WEST  
CITY-ST-ZIP MINNETONKA, MN 55343

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000202023  
01/28/05-80085-023 50.00

**DO NOT WRITE  
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)(f), 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: Ronald W. Schiferl**

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

1/12/05 (952) 656-4444

Date

Daytime Phone #