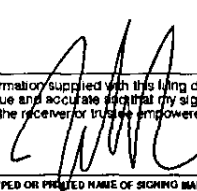


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03 MAY 16 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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	
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 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		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when electing) Signature, typed or printed name of registered agent and title if applicable			
FILE NOW! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By Mail 5/15/03			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEDNAROWSKI, KEITH P 10350 BREN ROAD WEST MINNETONKA, MN 55343 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Deckas, Andrew 10350 Bren Road West Mtna, MN 55343 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICOL, DANIE 10350 BREN ROAD WEST MINNETONKA, MN 55343 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Schiferl, Ronald W see address for Keith Bednarowski ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPA, LUZ 10350 BREN ROAD WEST MINNETONKA, MN 55343 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lau, Wade see address for Keith Bednarowski ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mascia, Patrick See address for Keith Bednarowski ☐ 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 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 606, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Wade Lau 5/15/03 952/656-4114 	

CR2E083 (10/02)