FILED

03 MAY 16 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002899

1. Entity Name
OPUS REAL ESTATE FLORIDA V, L.L.C.

Principal Place of Business	Mailing Address
10350 BREN ROAD WEST MINNETONKA, MN 55343	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

☐ CHECK HERE IF MAKING CHANGES

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	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)

600019188736
05/16/03--01075--003 **50.00

FILE NOW! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

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, Andew 10350 Bren Road West Mtka, 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

CR2E083 (10/02)

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: Wade Lau 5/15/03 952/656-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #