2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000003864

1. Entity Name OPUS SOUTH T, L.L.C.



Principal Place of Business

Mailing Address

4200 WEST CYPRESS STREET, SUITE 444 TAMPA, FL 33607

4200 WEST CYPRESS STREET, SUITE 444 TAMPA, FL 33607

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

04-05-2007 90028 017 ****50.00



03192007 No Chg-LLC DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 20-1600879 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

CR2E083 (11/05)

CORPORATION SERVICE COMPANY

6. Name and Address of Current Registered Agent

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 little 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 NAME STREET ADDRESS CITY-ST-ZIP	D1P RAUENHORST, JOSEPH J 225 NE MIZNER BLVD #675 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS GREENFIELD, BARRY W 4200 WEST CYPRESS STREET, SUITE 444 TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		