

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005312

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: OPUS REAL ESTATE FL VII UCC 3, L.L.C.

## Current Principal Place of Business:

10350 BREN RD WEST  
MINNETONKA, MN 55343

## New Principal Place of Business:

## Current Mailing Address:

10350 BREN ROAD WEST  
HOPKINS, MN 55343

## New Mailing Address:

FEI Number: 20-1914081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RAVENHURST, MARK  
Address: 10350 BREN ROAD WEST  
City-St-Zip: HOPKINS, MN 55343

Title: MGR (X) Delete  
Name: GREENFIELD, BARRY  
Address: 4200 W CYPRESS STE 444  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: CAMPA, LUZ  
Address: 10350 BREN RD WEST  
City-St-Zip: MINNETONKA, MN 55343

Title: MGR ( ) Delete  
Name: DECKAS, ANDREW  
Address: 10350 BREN RD WEST  
City-St-Zip: MINNETONKA, MN 55343

Title: MGR ( ) Delete  
Name: LAU, WADE  
Address: 10350 BREN RD WEST  
City-St-Zip: MINNETONKA, MN 55343

Title: MGR ( ) Delete  
Name: WATSON, DAVID C  
Address: 10350 BREN ROAD WEST  
City-St-Zip: HOPKINS, MN 55343

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: RAUENHURST, MARK  
Address: 10350 BREN ROAD WEST  
City-St-Zip: HOPKINS, MN 55343

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

VP

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date