


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90012 047 ****50.00

DOCUMENT # M97000000078	
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1. Entity Name
OPUS NATIONAL, L.L.C.

Principal Place of Business 10350 BREN ROAD WEST MINNETONKA, MN 55343-9002	Mailing Address 10350 BREN ROAD WEST MINNETONKA, MN 55343-9002
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

41-1790365

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)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RAUENHORST, GERALD	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA, MN 553439002	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RAUENHORST, MARK	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA, MN 553439002	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DECKAS, ANDREW C	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA, MN 553439002	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BOZESKY, MARGARET	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA, MN 553439002	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	NICOL, DAN F	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA, MN 553439002	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	CORK, ALAN	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA, MN 55343	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

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

Andrew C. Deckas

4/25/06

Date

952-656-4444

Daytime Phone #