


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M97000000078</b> 1. Entity Name OPUS NATIONAL, L.L.C.	
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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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**DO NOT WRITE IN THIS SPACE**



03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-1790365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

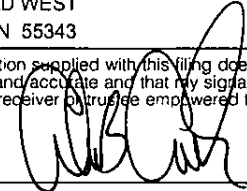
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAUENHORST, GERALD 10350 BREN ROAD WEST MINNETONKA, MN 553439002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAUENHORST, MARK 10350 BREN ROAD WEST MINNETONKA, MN 553439002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DECKAS, ANDREW C 10350 BREN ROAD WEST MINNETONKA, MN 553439002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOZESKY, MARGARET 10350 BREN ROAD WEST MINNETONKA, MN 553439002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICOL, DAN F 10350 BREN ROAD WEST MINNETONKA, MN 553439002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORK, ALAN 10350 BREN ROAD WEST MINNETONKA, MN 55343

U00000693257  
04/16/07-80032-017 50.00

**DO NOT WRITE  
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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:**  **3/26/07** **952-656-4582**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #