

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000078					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			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 designated agent and title if applicable. (NOTE: Registered Agent Signature required when re-designating)					
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	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RAUENHORST, GERALD		NAME		
STREET ADDRESS	10350 BREN ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA, MN 553439002		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RAUENHORST, MARK		NAME		
STREET ADDRESS	10350 BREN ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA, MN 553439002		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DECKAS, ANDREW C		NAME		
STREET ADDRESS	10350 BREN ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA, MN 553439002		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BOZESKY, MARGARET		NAME		
STREET ADDRESS	10350 BREN ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA, MN 553439002		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	NICOL, DAN F		NAME		
STREET ADDRESS	10350 BREN ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA, MN 553439002		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KIMBLE, JULIE		NAME		
STREET ADDRESS	10350 BREN ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA, MN 55343		CITY-ST-ZIP		
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 90B, Florida Statutes.					
SIGNATURE: <u>Julie Kimble</u> Julie Kimble 5/15/03 952/6364444					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

FILED
03 MAY 29 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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05/25/03 01336 002

CHARGE (10/02)

\$0.00