File on or before May 1, 1999 or Limited Liability Company will be subject to a \$400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State
DIVISION OF CORPORATIONS 1999 99 MAY -4 PM 4: 16 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$188.75 DOCUMENT # MARIONOUS Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address Opus Estates, L.L.C. 10350 Bren Road West 10350 Bren Road West Minnetonka, MN 55343 Minnetonka, MN 55343 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address DE 2/26/97 4. FEI Number Suite, Apt. #, etc. Suite, Apt #, etc. Applied For 41-1811425 City & State City & State Not Applicable 6. Certificate of Status Desired Zio Country Zip Country 5. Date of Last Report \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name Corporation Service Company Street Address (P.O. Box Number Is Not Acceptable) 1201 Hays Street Suite, Apt #, etc. Tallahassee, FL 32301 Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. ____ DATE _ ___ ___ SIGNATURE _ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 10350 Bren Road West Minnetonka, MN Keith P. Bednarowski MGR Minnetonka, MN 10350 Bren Road West 55343 MGR Luz Campa Minnetonka, MN MGR Margaret A. Bozesky 10350 Bren Road West 55343 າຕາຕາຕ 298 7 **1 9 7** 3+----0\$/12/99--01006--018 -13 ****188.75 ****188.75 11, I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER Margaret Bozesky 4-29-99 612-656-4695 SIGNATURE: Date Daytime Phone # INHSE 10 R (12-98)

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