

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000762

1. Entity Name

OPUS REAL ESTATE AMERICA I, L.L.C

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business

C/O OPUS PROPERTIES, L.L.C.  
10350 BREN ROAD WEST  
MINNETONKA MN 55343

Mailing Address

C/O OPUS PROPERTIES, L.L.C.  
10350 BREN ROAD WEST  
MINNETONKA MN 55343

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

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
BEDNAROWSKI, KEITH P  
STREET ADDRESS 10350 BREN ROAD WEST  
CITY-ST-ZIP MINNETONKA MN 55343 ☐ Delete

TITLE NAME MGR  
LAU, WADE  
STREET ADDRESS 10350 BREN ROAD WEST  
CITY-ST-ZIP MINNETONKA MN 55343 ☐ Change ☒ Addition

TITLE NAME MGR  
DECKAS, ANDREW C  
STREET ADDRESS 10350 BREN ROAD WEST  
CITY-ST-ZIP MINNETONKA MN 55343 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003408441--7  
-09/28/00--01031--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME MGR  
SCHIFERL, RONALD W  
STREET ADDRESS 10350 BREN ROAD WEST  
CITY-ST-ZIP MINNETONKA MN 55343 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME MGR  
CAMPA, LUZ W  
STREET ADDRESS 10350 BREN ROAD WEST  
CITY-ST-ZIP MINNETONKA MN 55343 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED Wade Lau

9/18/00

952 656 4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)