

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000762

1. Entity Name  
OPUS REAL ESTATE AMERICA I, L.L.C

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: 41-1941148

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

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.

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 / MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BEDNAROWSKI, KEITH P	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DECKAS, ANDREW C	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCHIFERL, RONALD W	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CAMPA, LUZ W	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LAU, WADE	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900004423039--0
STREET ADDRESS	-06/15/01--01089--001
CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(l), 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]*  
SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/25/01

952-656-4444

CR2E083 (11/00)

002/673 AF

FILED

01 JUN -5 AM 7:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA