

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

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



01122005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1941148

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000202013
01/28/05-80085-019 50.00

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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: Ronald W. Schiferl

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

1/12/05 (952) 656-4444

DATE

Daytime Phone #