# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
02 NOV 18 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000762

1. Entity Name
Opus Real Estate America I, L.L.C.

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 10350 Bren Road West | 10350 Bren Road West |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Minnetonka, MN | City & State: Minnetonka, MN |
| Zip: 55343 Country: USA | Zip: 55343 Country: USA |

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**

**7. Name and Address of Current Registered Agent**

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee **FL** Zip Code: 32301-2607

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: Ann L Shilling, Asst VP 12/30/02
Signature, Typed or printed name of registered agent and title if applicable — DATE

**FEE IS $50.00**
**Make Check Payable to Department of State**
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Mgr, Keith Bednarowski<br>10350 Bren Road West<br>Minnetonka, MN 55343 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Mgr, Ronald W. Schiferl<br>10350 Bren Road West<br>Minnetonka, MN 55343 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Mgr, Luz Campa<br>10350 Gren Road West<br>Minnetonka, MN 55343 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Mgr, Andrew C. Deckas<br>10350 Gren Road West<br>Minnetonka, MN 55343 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Mgr, Wade Lau<br>10350 Gren Road West<br>Minnetonka, MN 55343 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Mgr, Patrick Mascia<br>10350 Bren Road West<br>Minnetonka, MN 55343 |

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 400009054514<br>11/18/02 [illegible] #150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 400009054514 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **DO NOT WRITE** |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **IN THIS SPACE** |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 400009054514<br>11/18/02 [illegible] #50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | REINSTATEMENT |

CR2E083B (12/01)

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:** Andrew J. Deckas 10/11/02 952-656 4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #