2000 UNIFORM BUSINESS REPORT (UBR)

											
DOCUMENT # M9900001638 1. Entity Name							מרמס	FILED	TATF		
OPUS REAL ESTATE FLORIDA II, L.L.C.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
						n	in sei	26 AMI	1:02		
Principal Plac	e of Business	Mailing Address	illing Address			·	, O O E .	- •	V		
		10350 BREN ROAD WES MINNETONKA MN 55343	0350 BREN ROAD WEST					-	rH		
MININETONIA	MIT 33040	MINISTER MIN 3354	,			, 11		ISSIS ISSIS SSIII SSII			. (1861-1881-1 88 1
<u> </u>	10	A Marie A data	alling Address								
2. Principal Place of Business 3. M		3. Mailing Address	iziling Address								
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State C		City & State	ity & State			4. FEI Number APPLIED FOR Applied For Not Applicable					
Zip Country Zij		Zip	p Country		5.	Certific		atus Desired		\$5.00 Add	itional
	6. Name and Address of Current R	legistered Agent	red Agent			Name a	nd Add	ress of New Re			
	<u></u>		-	Name	0						
_	ATION SERVICE COMPANY S STREET		Street Address			(P.O. Box Number is Not Acceptable)					
	SSEE FL 32301-2525							· · · · · · · · · · · · · · · · · · ·			
**************************************			,	City					FL	Zip Code	3
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinstating) DATE DDDDS40E350											
	l l	FILE NOW!!! FEE.IS \$50.00				_, ,_, ,_,	09/28/	0000	10360		
		Make Check P	ayable t	o Depart	ment of Sta	ate		米米米米水5[3.00	米米米米米5	J.UU
9.	MANAGING MEMBER	RS/MANAGERS	10.					ADDITIONS/C	HANGES		
TITLE		☐ Delete	TITL NAM	-	MGR Keith	Radn	a roue	·k·i		Change	X Addition
NAME STREET ADDRESS				EET ADDRESS	10350						
CITY-ST-ZIP			CITY	/-ST-ZIP		onka	, MN	55343			
TITLE		☐ Delete	TITL		MGR Ronald	1 1.1	Cahii	1	,	☐ Change	★ Addition
NAME STREET ADDRESS				eet address	10350						:
CITY-ST-ZIP			CITY	r-ST-ZIP	Minnet	onka	, MN	55343			
TITLE		☐ Detete	- TITL		MGR -					☐ Change	X Addition
NAME STREET ADDRESS				eet address	Luz Ca 10350		Road	l West			[
CITY-ST-ZIP			CITY	r-ST-ZIP	Minnet			55343			
TITLE		☐ Delete	TITL		MGR					Change	Addition Additio
NAME STREET ADDRESS			NAM Stri	ne Eet address i	Wade L 10350		Road	West			
CITY-ST-ZIP			CITY	r-st-zip	Minnet						
TITLE	è	☐ Delete	TITL		MGR					☐ Change	X Addition
NAME STREET ADDRESS			NAM STR	ae Eet address .	Andrew					•	
CITY-ST-ZIP				r-st-zip	10350 Minnet			55343			.
TITLE '		☐ Defete	TITL	E		- CHALL	<u>,</u>			☐ Change	Addition
HAME			NAM								
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP							
11 Lhereby (certify that the information supplied with	this filing does not qualify for	or the exe	motion sta	ted in Section	n 119.07	(3)(i), Flo	orida Statutes. I t	further cer	tify that the in	formation
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 required of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											r of the

CR2E083

SIGNATURE: SKOWSTI RE REQUIRED Wade Lau, MGR 9-20-00 (952)656-4607

Date

Daytime Phone #

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