

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # M99000001638

1. Entity Name  
OPUS REAL ESTATE FLORIDA II, L.L.C.



Principal Place of Business  
10350 BREN ROAD WEST  
MINNETONKA, MN 55343

Mailing Address  
10350 BREN ROAD WEST  
MINNETONKA, MN 55343



01122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

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  
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  
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  
MGR  
DECKAS, ANDREW C  
10350 BREN ROAD WEST  
MINNETONKA, MN 55343

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000201810  
01/28/05-80078-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 #