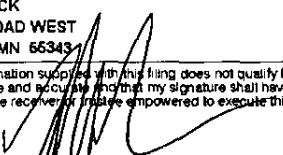


03 MAY 16 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001638					
1. Entry 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2526				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
8. The above named entry 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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when terminating)					
					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
☐ Delete				☐ Change ☐ Addition	
TITLE NAME MGR BEDNAROWSKI, KEITH STREET ADDRESS 10350 BREN ROAD WEST CITY-ST-ZIP MINNETONKA, MN 55343				70001918880 05/16/03--01075--007 **	
☐ Delete				☐ Change ☐ Addition	
TITLE NAME MGR SCHIFERL, RONALD W STREET ADDRESS 10350 BREN ROAD WEST CITY-ST-ZIP MINNETONKA, MN 55343					
☐ Delete				☐ Change ☐ Addition	
TITLE NAME MGR CAMPA, LUZ STREET ADDRESS 10350 BREN ROAD WEST CITY-ST-ZIP MINNETONKA, MN 55343					
☐ Delete				☐ Change ☐ Addition	
TITLE NAME MGR LAU, WADE STREET ADDRESS 10350 BREN ROAD WEST CITY-ST-ZIP MINNETONKA, MN 55343					
☐ Delete				☐ Change ☐ Addition	
TITLE NAME MGR DECKAS, ANDREW C STREET ADDRESS 10350 BREN ROAD WEST CITY-ST-ZIP MINNETONKA, MN 55343					
☐ Delete				☐ Change ☐ Addition	
TITLE NAME MGR MASCIA, PATRICK STREET ADDRESS 10350 BREN ROAD WEST CITY-ST-ZIP MINNETONKA, MN 55343					
☐ Delete				☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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, and am empowered to execute this report as required by Chapter 609, Florida Statutes.					
SIGNATURE:  Wade Lau 9/15/03 952/656-4444					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date					