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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State
04-25-2002 90002 039 ****50.00

DOCUMENT # M99000001858

1. Entity Name
OPUS REAL ESTATE FLORIDA III, L.L.C. ✓

Principal Place of Business	Mailing Address
4200 W. CYPRESS ST., SUITE 444 TAMPA FL 33607	4200 W. CYPRESS ST., SUITE 444 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10350 Bren Rd. W.	10350 Bren Rd W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Minnetonka, MN	Minnetonka, MN
Zip 55343 Country	Zip 55343 Country

4. FEI Number 52-2201583 ☐ 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 ST.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RAUENHORST, NEIL 4200 W. CYPRESS ST., SUITE 444 TAMPA FL 33607	☒ Delete	V LAU, WADE — — —	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GREENFIELD, BARRY 4200 W. CYPRESS ST., SUITE 444 TAMPA FL 33607	☒ Delete	V MASCIA, PATRICK E — — —	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEDNAROWSKI, KEITH P 10350 BREN RD. WEST MINNETONKA MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHIFERL, RONALD W 10350 BREN RD. WEST MINNETONKA MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CAMPA, LUZ 10350 BREN RD. WEST MINNETONKA MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST DECKAS, ANDREW C 10350 BREN RD. WEST MINNETONKA MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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)(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: _____ Wade Lau 4/19/02 952-656-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #