


**-2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

| | |
|---|---|
| DOCUMENT # M99000001858 1. Entity Name OPUS REAL ESTATE FLORIDA III, L.L.C. |  |
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|--|--|
| Principal Place of Business 10350 BERN RD. WEST MINNETONKA, MN 55343 | Mailing Address 10350 BERN RD. WEST MINNETONKA, MN 55343 |
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01122005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|-----------------------------------|
| 4. FEI Number 52-2201583 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature (typed or printed name of registered agent) and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR LAU, WADE 4200 W. CYPRESS ST., SUITE 444 TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BEDNAROWSKI, KEITH P 10350 BREN RD. WEST MINNETONKA, MN 55343 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V SCHIFERL, RONALD W 10350 BREN RD. WEST MINNETONKA, MN 55343 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V CAMPA, LUZ 10350 BREN RD. WEST MINNETONKA, MN 55343 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VS DECKAS, ANDREW C 10350 BREN RD. WEST MINNETONKA, MN 55343 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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01/28/05-80085-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #