

FILED

03 MAY 16 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001858			
1. Entity Name OPUS REAL ESTATE FLORIDA III, L.L.C.			
Principal Place of Business 10350 BERN RD. WEST MINNETONKA, MN 55343		Mailing Address 10350 BERN RD. WEST MINNETONKA, MN 55343	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and fee if applicable (If/ORE Registered Agent signature required when changing) DATE			
FILE NOW WITH FEE \$150.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAU, WADE 4200 W. CYPRESS ST., SUITE 444 TAMPA, FL 33607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 10001918878 05/16/03--01075--006 *\$100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASCIA, PATRICK E 4200 W. CYPRESS ST., SUITE 444 TAMPA, FL 33607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	VS 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 508, Florida Statutes.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 5/15/03 952-6804444	

CRS 3-4-002