LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000006[redacted] 1885

1. Entity Name

Opus/Real Estate II UCC, L.L.C.

FILED
02 OCT -8 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10350 Bren Road West	10350 Bren Road West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Minnetonka, MN	City & State: Minnetonka, MN
Zip: 55343 Country: USA	Zip: 55343 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 41-1952190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301-2607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

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*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	Mgr, Keith Bednarowski 10350 Bren Road West Minnetonka, MN 55343
	Mgr, Ronald W. Schiferl 10350 Bren Road West Minnetonka, MN 55343
	Mgr, Luz Campa 10350 Gren Road West Minnetonka, MN 55343
	Mgr, Andrew C. Deckas 10350 Gren Road West Minnetonka, MN 55343
	Mgr, Wade Lau 10350 Gren Road West Minnetonka, MN 55343
	Mgr, Patrick Mascia 10350 Bren Road West Minnetonka, MN 55343

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CR2E083B (12/01)

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: _____ Andrew Deckas October 4, 2002 952-656-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #