

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 31 PM 1:09

mj4/b

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002984			
1. Entity Name OSCEOLA 207, LLC			
Principal Place of Business 238 WEST KING STREET ST AUGUSTINE FL 32084		Mailing Address 238 WEST KING STREET ST AUGUSTINE FL 32095-4147	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI-Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCGUINNESS, A.J. 238 WEST KING STREET ST AUGUSTINE FL 32084				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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-04/18/00--01108--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MGRM	MCGUINNESS, A.J.	238 WEST KING STREET ST AUGUSTINE FL 32084				
	MGRM	THORPE, FOSTER	136 INLET DRIVE ST AUGUSTINE FL 32084				
	MGRM	THOUSAND, ROBERT R	124 INLET DRIVE ST AUGUSTINE FL 32084				

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: *A.J. McGuinness* **REQUIRED** *3/27/00 904-823-3300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)