

2001 UNIFORM BUSINESS REPORT (UBR)

0001842 AF

DOCUMENT # L99000002984
 1. Entity Name
 OSCEOLA 207, LLC

FILED
 01 APR 23 PM 4:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 238 WEST KING STREET 238 WEST KING STREET
 ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
59-3639912
 4. FEI Number **APPLIED FOR** Applied For / Not Applicable
 5. Certificate of Status Desired **\$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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME MGRM MCGUINNESS, A.J. STREET ADDRESS 238 WEST KING STREET CITY-ST-ZIP ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME MGRM THORPE, FOSTER STREET ADDRESS 136 INLET DRIVE CITY-ST-ZIP ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME MGRM THOUSAND, ROBERT R STREET ADDRESS 124 INLET DRIVE CITY-ST-ZIP ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

800004135418--6
 -05/04/01--01008--017
 *****50.00 *****50.00

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 3/20/01 904-823-3300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)