

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90129 008 \*\*\*\*50.00

DOCUMENT # L99000002984

1. Entity Name  
 OSCEOLA 207, LLC

R

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

4. FEI Number **59-3639912**

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	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		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: *Arthur J. McGuinness* **REQUIRED**

Date: 7/19/02 Daytime Phone #: 904 823 3300

CR2E083 (4/02)