

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002984

FILED
Feb 03, 2004
Secretary of State

Entity Name: OSCEOLA 207, LLC

Current Principal Place of Business:

238 WEST KING STREET
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

238 WEST KING STREET
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3639912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGUINNESS, A.J.
238 WEST KING STREET
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MCGUINNESS, A.J.
Address: 238 WEST KING STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGRM () Delete
Name: THORPE, FOSTER
Address: 136 INLET DRIVE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGRM (X) Delete
Name: THOUSAND, ROBERT R
Address: 124 INLET DRIVE
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MCGUINNESS, GAIL
Address: 238 WEST KING STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

MGRM

02/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date