

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000001265**1. Entity Name
OSPREY, S.A. - SARASOTA CITY CENTER, LLC

Principal Place of Business 1819 MAIN STREET, SUITE 610 SARASOTA FL 34236	Mailing Address 1819 MAIN STREET, SUITE 610 SARASOTA FL 34236
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2. Principal Place of Business 1819 MAIN STREET, SUITE 106 Suite, Apt. #, etc.	3. Mailing Address 305 E. MAIN Suite, Apt. #, etc.
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City & State SARASOTA FL	City & State BRIGHTON MI	4. FEI Number
Zip 34236	Country	Country

5. Certificate of Status Desired <input type="checkbox"/>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NORTON SAM D 1819 MAIN STREET, SUITE 610 SARASOTA FL 34236	7. Name and Address of New Registered Agent Name OSPREY S.A., LTD. Street Address (P.O. Box Number is Not Acceptable) 1819 MAIN STREET, SUITE 106 City SARASOTA FL Zip Code 34236
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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 **MICHAEL J. BIBER** 03/05/2001
Signature, typed or printed name of registered agent and title if applicable. (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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSPREY, S.A., LTD. 305 E. MAIN STREET BRIGHTON MI 48116 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Michael J. Biber** MGR 03/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)