

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90231 034 ****50.00

DOCUMENT # L01000008098

1. Entity Name

OSBORNE'S DEVELOPMENT COMPANY, L.L.C.



Principal Place of Business

11455 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

Mailing Address

11455 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

24000400

2. Principal Place of Business

3. Mailing Address

11461 South Orange Blossom Tr.

11461 South Orange Blossom Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4

4

City & State

City & State

Orlando FL 32837

Orlando FL 32837

Zip
32837

Country
Orange

Zip
32837

Country
Orange

4. FEI Number

59-3740218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSBORNE, RUSSELL
11455 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME OSBORNE, RUSSELL
STREET ADDRESS 11455 SOUTH ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-27-04 407 948 4394