, 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000011596

1. Entity Name IRD OSPREY, LLC



FILED Jan 12, 2005 08:00 AM Secretary of State

Principal Place of Business

7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33324

Mailing Address

7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33324



DO NOT WRITE IN THIS SPACE

01032005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 47-0856641 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

FRAZIER, ROBERT W JR., ESQ C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 EAST COMMERCIAL BLVD., SUITE 826 FT. LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of challons of registered agent.	unging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2005	à.		
9.	MANAGING MĒMBĒRŠ/MANAGERS	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADKIN, S. MARTIN 7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33324		100000178359	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/12/05-80024-012 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN		
TITLE				

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 highartine shall have the same legal effect as if made under cath, that I am a managing member or manager of the limited liability company or the sective or trustee employeed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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