


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L01000019567 1. Entity Name OSW MANAGEMENT, L.L.C. |  |
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|---|--|
| Principal Place of Business 138 SOUTH STATE RD 415 NEW SMYRNA BEACH, FL 32168 | Mailing Address P.O. BOX 1500 NEW SMYRNA BEACH, FL 32170 |
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03012007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 03-0405582 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

STORCH, GLENN D ESQ.
STORCH, HANSEN & MORRIS, P.A.
420 SOUTH NOVA ROAD
DAYTONA BEACH, FL 32114

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HLC MANAGEMENT, LLC P.O. BOX 1500 NEW SMYRNA BEACH, FL 32170 |
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03/14/07-80032-010 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert I. Hays 3-02-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #