


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L02000001345 1. Entry Name OSO, LLC |  |
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| Principal Place of Business 1634 MAIN STREET SARASOTA, FL 34230 | Mailing Address 1634 MAIN STREET SARASOTA, FL 34230 |
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03282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 01-0578338 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FAMIGLIO, GEORGE V 1634 MAIN STREET SARASOTA, FL 34230 |
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| DO NOT WRITE IN THIS SPACE |
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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. 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 registering) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZAFIROFF, CHRIS 1634 MAIN STREET SARASOTA, FL 34230 |
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| <p>03282006 No Chg-LLC CR2E083 (11/05) \$5.00 Additional Fee Required</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: Chris Zafiroff **Chris Zafiroff** **3-27-06** **941 447-7074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #