

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008702

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: OSCEOLA WILDLIFE TOURS LLC

## Current Principal Place of Business:

4420 JOE OVERSTREET ROAD  
KEENANSVILLE, FL 34739

## New Principal Place of Business:

4420 JOE OVERSTREET ROAD  
KENANSVILLE, FL 34739

## Current Mailing Address:

4420 JOE OVERSTREET ROAD  
KEENANSVILLE, FL 34739

## New Mailing Address:

4855 JOE OVERSTREET ROAD  
KENANSVILLE, FL 34739

FEI Number: 02-0584170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OVERSTREET, SHARON  
4855 JOE OVERSTREET RD  
KENANSVILLE, FL 34739 US

## Name and Address of New Registered Agent:

OVERSTREET, SHARON MGR  
4855 JOE OVERSTREET RD  
KENANSVILLE, FL 34739 US

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: SHARON OVERSTREET

01/04/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: V ( ) Delete  
Name: CRAWFORD, DENNIS  
Address: 5725 FRIARS COVE LN  
City-St-Zip: SAINT CLOUD, FL 34772

Title: P ( ) Delete  
Name: OVERSTREET, WAYNE  
Address: 4855 JOE OVERSTREET RD  
City-St-Zip: KENANSVILLE, FL 34739

Title: D ( ) Delete  
Name: OVERSTREET, SHARON  
Address: 4855 JOE OVERSTREET RD  
City-St-Zip: KENANSVILLE, FL 34739

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CRAWFORD, DENNIS  
Address: 5725 FRIARS COVE LN  
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGRM (X) Change ( ) Addition  
Name: OVERSTREET, WAYLON  
Address: 4855 JOE OVERSTREET RD  
City-St-Zip: KENANSVILLE, FL 34739

Title: MGRM (X) Change ( ) Addition  
Name: OVERSTREET, SHARON  
Address: 4855 JOE OVERSTREET RD  
City-St-Zip: KENANSVILLE, FL 34739

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DENNIS CRAWFORD

MGR

01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date