

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008702

Entity Name: OSCEOLA WILDLIFE TOURS LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

4420 JOE OVERSTREET ROAD
KENANSVILLE, FL 34739

New Principal Place of Business:

Current Mailing Address:

4855 JOE OVERSTREET ROAD
KENANSVILLE, FL 34739

New Mailing Address:

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 MGR
4855 JOE OVERSTREET RD
KENANSVILLE, FL 34739 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: MGRM () 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: 3497 CANOE CREEK ROAD
City-St-Zip: KENANSVILLE, FL 34739

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SHARON OVERSTREET

MGRM

01/05/2007

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