

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008702

FILED
Jan 11, 2008
Secretary of State

Entity Name: OSCEOLA WILDLIFE TOURS LLC

Current Principal Place of Business:

4420 JOE OVERSTREET ROAD
KENANSVILLE, FL 34739

New Principal Place of Business:

4859 JOE OVERSTREET ROAD
KENANSVILLE, FL 34739

Current Mailing Address:

4855 JOE OVERSTREET ROAD
KENANSVILLE, FL 34739

New Mailing Address:

4859 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 MGR
4855 JOE OVERSTREET RD
KENANSVILLE, FL 34739 US

Name and Address of New Registered Agent:

OVERSTREET, SHARON MGR
4859 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:

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRAWFORD, DENNIS
Address: 3497 CANOE CREEK ROAD
City-St-Zip: KENANSVILLE, FL 34739

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

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 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

MGR

01/11/2008

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