

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000008702

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** OSCEOLA WILDLIFE TOURS LLC

**Current Principal Place of Business:**

4859 JOE OVERSTREET ROAD  
KENANSVILLE, FL 34739

**New Principal Place of Business:**

4855 JOE OVERSTREET ROAD  
KENANSVILLE, FL 34739

**Current Mailing Address:**

1609 13TH STREET  
SAINT CLOUD, FL 34769

**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  
4859 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:

01/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

Title: MGRM  
Name: OVERSTREET, SHARON  
Address: 4855 JOE OVERSTREET RD  
City-St-Zip: KENANSVILLE, FL 34739

I hereby 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

01/13/2010

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