

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000005694

**FILED**  
**Jan 15, 2006**  
**Secretary of State**

**Entity Name:** OSPREY TITLE, LLC

**Current Principal Place of Business:**

29259 US HWY 19 N  
CLEARWATER, FL 337612102 US

**New Principal Place of Business:**

**Current Mailing Address:**

2819 LONG VIEW DRIVE  
CLEARWATER, FL 337613214 US

**New Mailing Address:**

**FEI Number:** 04-3740559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOWE, ROBERT G III  
2819 LONG VIEW DRIVE  
CLEARWATER, FL 337613214 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: LOWE, ROBERT G III  
Address: 2819 LONG VIEW DRIVE  
City-St-Zip: CLEARWATER, FL 337613214 US

**ADDITIONS/CHANGES:**

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: ROBERT G LOWE III

MGRM

01/15/2006

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