2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 03, 2006 08:00 AM Secretary of State

1. Entity Name

OSPREY OFFSHORE VENTURES, LLC



Principal Place of Business

1021 GULFSTREAM WAY SINGER ISLAND, FL 33401 Mailing Address

C/O PERCONTREE, INC. 11900 TECH ROAD SILVER SPRING, MD 20904



01232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4245272	 1	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent

GUDELSKY, JOHN 1021 GULFSTREAM WAY SINGER ISLAND, FL 33404

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED PRINE OF SIGNING MANAGINA

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	named entity submits this statement for the purpose of char lons of registered agent.		
	Signature, typed or printed name of registered agent and little if applicable	(NOTE Regationed Agent signature required when tensisting)	DATE
	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
BITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUDELSKY, JOHN 1021 GULFSTREAM WAY SINGER ISLAND, FL 33404		
TITLE HAME STREET ADDRESS GITY-ST-ZIP			1100000418981 02/14/06-80029-005 50.80
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
nitle Name Street Address Chy-St-Zip		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lis	certify that the information supplied with this filing does not on this report is true and appropriate and that my signature slibility commants or the recover or mustre employed to exa	quality for the exemptions contained in Chapter 1 half have the same legal effect as if made under course this capacit as required by Chapter 508. Florid	19, Florida Statutes. I further certify that the information path; that I am a managing member or manager of the

John Gudelsky

ER, OR AUTHORIZED REPRESENTATIVE

1/26/06