5 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90026 015 ****55.00

DOCUMEN 1. Entity Name OSPREY PROI			04-19-2004 90026 015 ****55.00					
Principal Place of Business PO BOX 1375 OSPREY, FL 32449		Mailing Address PO BOX 1375 OSPREY, FL 32449			24046286			
2. Principal Place of E	Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272	2004 Chg-	LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI	Number 05 3	466	2 A	pplied For ot Applicable
Zip	Country	Zíp	Country		tificate of Status		\$5.00 Ad Fee Require	ditional
JAMES, ALAN 4236 CENTRAL SARASOTA, FL	Name Street A	7. Name and Address of New Re T&H Comptrollers Inc Street Addres 200 Capri Isles Blvd. S Venice FL 34292			2.	-		
	entity submits this statement	or the purpose of thanging	s registere office o	r registered agent	t, or both, in the	_	ida. I am familiar with	, and accept
SIGNATURE Signature	registered agent. Typed or printed name of registered agent. There is \$50.00 May 1, 2004	noted the insplicable	Registered Agent signa	ure required when reinst	ating}	Make	DATE check payable to Department of Sta	te
SIGNATURE Signature	typed or printed name of registered age	ent and title if applicable. BERS/MANAGERS	Registered Agent signs			Make	check payable to Department of Sta	te
SIGNATURE Signature Filling F Due by	typed or printed name of registered age				A	Make Florida DDITIONS/C	check payable to Department of Sta	Addition
SIGNATURE Signature Filing F Due by 9. TITLE NAME STREET ADDRESS	typed or printed name of registered age	BERS/MANAGERS	10. TITLE NAME STREET ADDRESS		A	Make Florida DDITIONS/C	check payable to Department of Sta	
9. Filing F Due by 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	typed or printed name of registered age	BERS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		A	Make Florida DDITIONS/C	Check payable to Department of Sta	☐ Addition
9. Filing F Due by 9. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS	Typed or printed name of registered age Fee is \$50.00 May 1, 2004 MANAGING MEM	BERS/MANAGERS Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		A	Make Florida DDITIONS/C	CHANGES Change	Addition
9. Filing F Due by 9. HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS	Typed or printed name of registered age Fee is \$50.00 May 1, 2004 MANAGING MEM	BERS/MANAGERS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		ames quinci comis	Make Florida DDITIONS/C	Check payable to Department of Sta	Addition Addition

imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.