

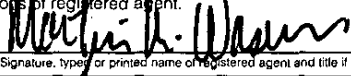
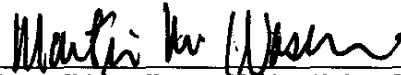


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90098 044 \*\*\*\*55.00

<b>DOCUMENT # L03000020048</b> 1. Entity Name OSPREY ASSET MANAGEMENT, LLC					
Principal Place of Business 801 12TH AVENUE SOUTH, SUITE 200 NAPLES, FL 34102			Mailing Address 801 12TH AVENUE SOUTH, SUITE 200 NAPLES, FL 34102		
2. Principal Place of Business 600 5TH AVENUE SOUTH Suite, Apt. #, etc. SUITE 210 City & State NAPLES, FL Zip 34102 Country USA		3. Mailing Address 600 5TH AVENUE SOUTH Suite, Apt. #, etc. SUITE 210 City & State NAPLES, FL Zip 34102 Country USA			
4. FEI Number 47-0922750				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				07092004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  TROIANO, JOSEPH A 2320 FIRST STREET, SUITE 1000 FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name MARTIN-M. WASMER Street Address (P.O. Box Number is Not Acceptable) 600 5TH AVENUE SOUTH, SUITE 210 City NAPLES FL Zip Code 34102		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  MARTIN M. WASMER 7/20/04 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WASMER, MARTIN M 801 12TH AVENUE SOUTH, SUITE 200 NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 5TH AVENUE SOUTH, SUITE 210 NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHROEDER, MICHAEL J 801 12TH AVENUE SOUTH, SUITE 200 NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 5TH AVENUE SOUTH, SUITE 210 NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  MARTIN M. WASMER			7/20/04 239363-6877		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		