

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000020048

1. Entity Name
OSPREY ASSET MANAGEMENT, LLC



Principal Place of Business

**600 5TH AVENUE SOUTH
SUITE 210
NAPLES, FL 34102**

Mailing Address

**600 5TH AVENUE SOUTH
SUITE 210
NAPLES, FL 34102**



02212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0922750

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WASMER, MARTIN M
600 5TH AVENUE SOUTH, SUITE 210
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000689515
04/11/07-80039-005 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WASMER, MARTIN M
600 5TH AVENUE SOUTH, SUITE 210
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHROEDER, MICHAEL J
600 5TH AVENUE SOUTH, SUITE 210
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/29/07

Date

239-263-6877

Daytime Phone #