2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021279

1. Entity Name OSSI REALTY, LLC

Principal Place of Business

CITY-ST-ZP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Mailing Address

11560 OLD ST. AUGUSTINE ROAD, SUITE 3 JACKSONVILLE, FL 32258 US

11560 OLD ST. AUGUSTINE ROAD, SUITE 3 JACKSONVILLE, FL 32258 US

FILED Jan 16, 2007 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For 20-0163023 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONIVILLE, FL 32202 DO NOT WRITE
IN THIS SPACE

	named entity submits this statement for the purpose of changions of registered agent.	ing its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signears, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		=	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSSI, ALAN 11560 OLD ST AUGUSTINE ROAD, SUITE 3 JACKSONVILLE, FL 32258		UNOQQQO586173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/16/07-80042-019 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE	
TITLE NAME STREET ADDRESS		IN	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 cath; 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 603, Florida Statutes.

SIGNATURE: Clan Oss	1/12/07	904 2687557
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #