

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000021279

1. Entity Name
OSSI REALTY, LLC



Principal Place of Business
11560 OLD ST. AUGUSTINE ROAD, SUITE 3
JACKSONVILLE, FL 32258 US

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

**FILED
Mar 03, 2008 8:00 am
Secretary of State**

03-03-2008 90399 043 ***138.75



02272008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0163023	Applied For Not Applicable
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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
JACKSONVILLE, FL 32202~~

Name *Alan Ossi*

Street Address (P.O. Box Number is Not Acceptable)
11560 Old St Augustine Rd #3

City *Jacksonville*

FL Zip Code *32258*

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 *Alan R. Ossi*

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

(NOTE: Registered Agent signature required when registering)

DATE *2/27/08*

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSSI, ALAN 11560 OLD ST AUGUSTINE ROAD, SUITE 3 JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR- Vice President Ossi, Marie Louise 11560 Old St Augustine Rd #3 Jacksonville FL 32258	<input type="checkbox"/> Change <input checked="" 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
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
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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 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: *Alan R. Ossi*

2/27/08

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

Date

Daytime Phone #