2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG MANAGUNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 07, 2004 8:00 am Secretary of State

Daylinie Phone #

DOCUMENT # L03000024414 1. Entity Name OSPREY ENDEAVOUR SAIL LLC					04-07-2004 90350 028 ****50.00				
	e of Business SIA BLVD NE, FL 32080 US	Mailing Address 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080 US		US			ይ ኳ ሀ	UUUIL	,
2. Principal P	tace of Business	3. Mailing Address							
Suife, Apt. #, etc.		Suite, Apt. #, etc.			04032004	Chg-LLC		11 613 121611 316. 33 (10/03)	1 M
City & State		City & State			4. FEI Number	81-0630		Ар	plied For
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired		\$5.00 Add Fee Required	t Applicable litional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R			
LECALZO	OM NEVADA INC		Name						
LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33130			City				Zip Code	3
A =							FL		
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 agent agent agent agent and title if applicable.									
Filing Fee is \$50.00 Due by May 1, 2004			ť	. E.,	,		s check pa Departme	ayable to ent of State	9
9.	MANAGING MEMBERS / MANAGERS MGRM · Cl Delata		10.			ADDITIONS/	CHANGES		
TITLE	ROSSIGNOL, L.F. III	☐ Delete	TITLE NAM	1				☐ Change	Addition
STREET ADDRESS	509 ANASTASIA BLVD.		1	ET ADDRESS					
C/TY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY	-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	TOLLON, DAVID 509 ANASTASIA BLVD.		NAM	E ET ADORESS					
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080			-ST-ZIP					
TITLE		☐ Delete	TITLE			 		Change	Addition
NAME			NAM		<i></i>	المن بالالمان			
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME		☐ Delete	TITLE	,				☐ Change	Addition
STREET ADDRESS	•			ET ADDRESS					
CITY-ST-ZIP			СПҮ	-ST-ZIP					
TITLE		☐ Defete	TITLE	1				☐ Change	Addition
NAME STREET ADDRESS		,	NAM	E Et address					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAM	L			-1 -		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS					
	Certify that the information running with	this filling does not overlike for		-ST-ZIP	action 440 07/01/0	Florido Carrer :	f. mate	(for the exp	
11. I hereby certify that the information supplied with this filling 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.									