

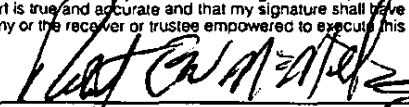
# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90216 031 \*\*\*\*50.00

**34004535**



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                      |                                                                       |                                                                                          |  |
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| <b>DOCUMENT # L03000026925</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                      |                                                                       |         |  |
| 1. Entity Name<br>OSPREY AT THE SANCTUARY, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                      |                                                                       |                                                                                          |  |
| Principal Place of Business<br>2 JUNGLE HUT ROAD, SUITE 3<br>PALM COAST, FL 32137                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                      | Mailing Address<br>2 JUNGLE HUT ROAD, SUITE 3<br>PALM COAST, FL 32137 |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                      | 3. Mailing Address                                                    |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                      | Suite, Apt. #, etc.                                                   |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                      | City & State                                                          |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                   | Zip                                                  | Country                                                               | 4. FEI Number<br><b>59-3486735</b>                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                      |                                                                       | Applied For<br>Not Applicable                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                      |                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 8. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                      | 7. Name and Address of New Registered Agent                           |                                                                                          |  |
| MCMILLAN, ROBERT E.W. III<br>2 JUNGLE HUT ROAD, SUITE 3<br>PALM COAST, FL 32137                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                      | Name                                                                  |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                      | Street Address (P.O. Box Number is Not Acceptable)                    |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                      | City                                                                  |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                      | FL Zip Code                                                           |                                                                                          |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                      |                                                                       |                                                                                          |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           | Make check payable to<br>Florida Department of State |                                                                       |                                                                                          |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                      | 10. ADDITIONS/CHANGES                                                 |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>Robert E. McMillan III<br>2 Jungle Hut Rd.<br>Palm Coast FL 32137 | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>John Bahng<br>2 Jungle hut rd<br>Palm Coast FL 32137               | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                                      | Date: <b>4/6/04</b>                                                   |                                                                                          |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                      |                                                                       |                                                                                          |  |