2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

| DOCUI | MENT #1 03000036 | 025 | 754 | Ŧ. | | | • | 01 Sta | |
|---|--|--|---|--|----------------------|--------------------------|--|-------------------------------------|--|
| DOCUMENT # L03000026925 1. Entity Name OSPREY AT THE SANCTUARY, L.L.C. | | | | | | 04-15-2 | 2005 9002. | 3 049 ****50. | 00 |
| Principal Place 2 JUNGLE HU PALM COAST | T ROAD, SUITE 3 | Mailing Address 2 JUNGLE HUT ROAD, SU PALM COAST, FL 32137 | | | | | 4.00 | 58751 | |
| | | | | | | in ee ne isti een | I SHIIK BÜNL HING | HERE ARRE VITTE PARTY ON | #1 |
| 2. Principal Place of Business 1010 gom Shore Burk | | 3. Mailing Address 1010 Cour Shave Blut | | ٦, | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 04112005 | Chg-LL | .c cı | R2E083 (10/03) | |
| City & State | \ | City & State | n, F.L. | | 4. FEI Numi 59-34 | | | | plied For it Applicable |
| 3217 | Country | 22176 | Country | | 5. Certificat | e of Status D | esired | \$5.00 Add Fee Required | litional d |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name an | d Address o | f New Regist | ered Agent | |
| MCMILLAN, ROBERT E.W. III | | | Name | KOBERT E. W. M. H. Wan III | | | | | |
| | HUT ROAD, SUITE 3 AST, FL 32137 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | | |
| | | | City | > V. VV-0 | und R | دمدله | | FL Zip Code | 176 |
| | named entity submits this statement for ions of registered agent. | r the purpose of changing its r | egistered office or | register | ed agent, or b | oth, in the Sta | te of Florida. | I am familiar with, | and accept |
| SIGNATURE . | | | | | | | • | | |
| | | | | | | | | | |
| | Signature, typed or printed name of registered agent a | and title if applicable (NOTE: | Registered Agent signati | ure required | when reinstalling) | | (| DATE | |
| | Signature, typed or printed name of registered agents ling Fee is \$50.00 ue by May 1, 2005 | and title if applicable (NOTE: | Registered Agent signati | urs required | when reinstalling) | | Make che | ack payable to sartment of State | |
| | ling Fee is \$50.00 | | Registered Agent signati | ure required | when reinstalling) | ADD | Make che | ack payable to partment of State | 8 |
| 9. | ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE MGRM | | 10. 111LE | | | | Make che Florida Dep | ack payable to partment of State | Addition |
| Fi Do | : ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE | RS/MANAGERS | 10. | | | | Make che Florida Dep | ock payable to partment of State | ☐ Addition |
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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 rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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