


FILED
May 25, 2004 8:00 am
Secretary of State

34007187

DOCUMENT # L03000028135			
1. Entity Name OSPREY'S VIEW, LLC			
Principal Place of Business 42 SLEEPY HOLLOW ROAD MIDDLEBURG, FL 32068		Mailing Address 42 SLEEPY HOLLOW ROAD MIDDLEBURG, FL 32068	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BLACKBURN, DENNIS L 5150 BELFORT ROAD SOUTH BUILDING 500 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent 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 <i>[Signature]</i>		DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGR ASHBY, GEORGE H JR. 42 SLEEPY HOLLOW ROAD MIDDLEBURG, FL 32068			
Delete		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete		Change Addition	
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Delete		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete		Change 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: <i>[Signature]</i>		Date <i>4/5/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	