

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90019 042 ****50.00

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**

20049759



DO NOT WRITE IN THIS SPACE

04172005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLACKBURN, DENNIS L
5150 BELFORT ROAD SOUTH
BUILDING 500
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ASHBY, GEORGE H JR.
42 SLEEPY HOLLOW ROAD
MIDDLEBURG, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

George H. Ashby, Jr.

4/20/05 (904)272-9548

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

Date

Daytime Phone #