2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # L03000037416 1. Entity Name OSPREY VILLAGE DEVELOPMENT COMPANY, LLC					04-16-2004 90414 049 ****50.00 ;				
Principal Plac	e of Business	Mailing Address					•		
3900 CLARK ROAD, SUITE L-1 3900 CLARK ROAD, SUIT SARASOTA, FL 34233 SARASOTA, FL 34233			TE L-1		. 1				
2. Principal P	lace of Business	3, Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082004	Chg-LLC	C CR2E083 (10/03)			
City & State		City & State			4. FEI Number 80-0079778			_	plied For Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$5.00 Additional Fee Required	
	6. Name and Address of Current I	legistered Agent		- 11 - 12 -	7. Name and	Address of New R	egistered Age	nt	
DOMBER	HARLAN R ESQUIRE			Name	~		;		7
3900 CLAI	RK ROAD, SUITE L-1 A, FL 34233	upundundah undah		Street Address ((P.O. Box Numbe	r is Not Acceptable)		: \$
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,			• (City			FL	Zip Code	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or registe	red agent, or bot	n, in the State of Flo	rida. I am fam	illar with,	and accept
SIGNATURE									<u> </u>
	Signature, typed or printed name of registered agent a	nd tide if applicable. (NGTI	- Flegistere	d Agent algnature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004							e check paya Department		
								We.	المطافعة والموراء أ
9.	MANAGING MEMBE		10.	_ 1		ADDITIONS			
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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

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SIGNATURE: * ALLYMAN Y ANILICUARDE REATE	4-13-04	541 486 19) L
SKINATURE AND TYPED OR PRINTED NAME OF SKIMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REFRESENTATIVE	Date	Daytime Phone #

attachnens

DATE OF THIS NOTICE: 11-03-2003 NUMBER OF THIS NOTICE: CP 575 L EMPLOYER IDENTIFICATION NUMBER:

FORM: SS-4 (TELE-TIN)

80-0079778 0000000522

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN UT 84201-0023

> FOR ASSISTANCE CALL US AT: 1-800-829-0115

NOBOD

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

OSPREY VILLAGE DEVELOPMENT % HARLAN DOMBER 3900 CLARK RD STE L-1 SARASOTA FL 34233

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Tele-TIN phone call. We assigned you Employer Identification Number (EIN) 80-0079778. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, use your EIN and complete name and address shown below to identify your account and to avoid delays in processing.

> OSPREY VILLAGE DEVELOPMENT COMPANY LLC % HARLAN DOMBER 3900 CLARK RD STE L-1 SARASOTA FL 34233

If this information isn't correct, please correct it using page 2 of this notice. Return it to the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

If you haven't already completed Form SS-4, Application for Employer Identification Number, we need you to do it now so your account record will be complete. You can get Form SS-4 at your local IRS office or by calling 1-800-TAX-FORM (1-800-829-3676). After you complete the Form SS-4, sign and date it and write your new EIN, 80-0079778, in the upper right hand corner. Please return it to us with the page 2 of this notice by 11-18-2003. We've enclosed an envelope for your convenience.