

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90203 029 \*\*\*\*50.00

<b>DOCUMENT # L03000041943</b> 1. Entity Name <b>OSPREY COVE, LLC</b>					
Principal Place of Business <b>71 EAST CHURCH STREET ORLANDO, FL 32780-1</b>			Mailing Address <b>71 EAST CHURCH STREET ORLANDO, FL 32780-1</b>		
2. Principal Place of Business <b>232 S. Dillard St.</b>		3. Mailing Address <b>P.O. BOX 770609</b>			
Suite, Apt. #, etc. <b>Ste. 201</b>		Suite, Apt. #, etc. 			
City & State <b>Winter Garden FL</b>		City & State <b>WINTER GARDEN FL</b>			
Zip <b>34787</b>		Country 		Zip <b>34777</b>	
Country 		Country 			
4. FEI Number <b>57-1201062</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>PRATT, JAMES R 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM HOLSTON, ROBERT W JR. 71 EAST CHURCH STREET ORLANDO, FL 32801</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P.O. BOX 770609 WINTER GARDEN FL 34777</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM ROHLAND, A. JUNE II P.O. BOX 770609 WINTER GARDEN, FL 347770609</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> <b>Rohland A. June Managing Mgr. 1/27/05 407-905-8180</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					