

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03Q00041943

1. Entity Name  
OSPREY COVE, LLC



Principal Place of Business  
232 S DILLARD ST  
SUITE 201  
WINTER GARDEN, FL 34787

Mailing Address  
PO BOX 770609  
WINTER GARDEN, FL 34777

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**



04182006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1201062

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PRATT, JAMES R  
369 N. NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK, FL 32789

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                |                             |
|----------------|-----------------------------|
| TITLE          | MGRM                        |
| NAME           | HOLSTON, ROBERT W JR.       |
| STREET ADDRESS | PO BOX 770609               |
| CITY-ST-ZIP    | WINTER GARDEN, FL 34777     |
| TITLE          | MGRM                        |
| NAME           | ROHLAND, A. JUNE II         |
| STREET ADDRESS | P.O. BOX 770609             |
| CITY-ST-ZIP    | WINTER GARDEN, FL 347770609 |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |

U00000540011  
05/09/06-80122-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

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

Rohland June

Date

Daytime Phone #

4/24/06

407-905-9180