2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000041943

1. Entity Name
OSPREY COVE, LLC

Principal Place of Business	Mailing Address
132 WEST PLANT ST SUITE 20 0 WINTER GARDEN, FL 34787	PO BOX 770609 WINTER GARDEN, FL 34777

DO NOT WRITE IN THIS SPACE

03202008 No Chg-LLC CR2E083 (12/07)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000875523
04/11/08-80037-006 138.75

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	
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STREET ADDRESS	
CITY-ST-ZIP	
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 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: Rohland A. June 3/28/08 407-905-8180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #