

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

|                                                                                      |                                                                                   |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000015515</b><br>1. Entity Name<br><b>OSAGE INVESTMENTS, L.L.C.</b> |  |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>18 BROADRIVER ROAD<br/>ORMOND BEACH, FL 32174 US</b> | Mailing Address<br><b>18 BROADRIVER ROAD<br/>ORMOND BEACH, FL 32174 US</b> |
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02272006 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number<br><b>02-0779099</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|-----------------------------------------------------------|------------------------------------------|

|                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>LYDECKER, RICHARD J ESQ.<br/>1201 BRICKELL AVENUE<br/>SUITE 200<br/>MIAMI, FL FL</b> |
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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 \_\_\_\_\_  
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**

**000000497192  
04/22/06-80042-024 50.00**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>LYDECKER, CHARLES<br/>18 BROADRIVER ROAD<br/>ORMOND BEACH, FL 32174</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>LYDECKER, CHRISTINE<br/>18 BROADRIVER ROAD<br/>ORMOND BEACH, FL 32174</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |

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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 808, Florida Statutes.

SIGNATURE: Charles H. Lydecker 2/28/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #