

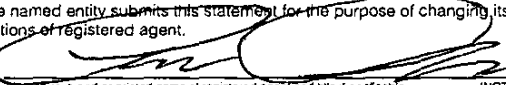
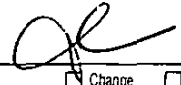



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 MAR -2 PH 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000018059 1. Entity Name 25 OSPREY AVENUE SOUTH, LLC					
Principal Place of Business 5331 DOMINICA CIRCLE SARASOTA, FL 34233-3818			Mailing Address 5331 DOMINICA CIRCLE SARASOTA, FL 34233-3818		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01252006 Chg-LLC CR2E083 (11/05)	
City & State Zip		City & State Zip			
Country		Country			
4. FEI Number NOT APPLICABLE		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent OLIVIER, JOHN D 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237	
7. Name and Address of New Registered Agent Name: CHARBONNEAU, ANDRE Street Address: 2033 MAIN ST STE 600 City: SARASOTA, FL 34237 Zip Code:				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:  Andre Charbonneau 2/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURQUEST, BILLIE B 5331 DOMINICA CIR SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Billie B. Burquest as Trustee of the Billie B. Burquest Revocable Trust U/A/D 06/15/1998 5331 Dominica Circle, Sarasota, FL 34233	
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 312106--01008-009 \$55.00	
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 	
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	
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	
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 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: 			2-6-06 941342485		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		