

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

|                                                      |                                                                                   |
|------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> L04000018059                       |  |
| <b>1. Entity Name</b><br>25 OSPREY AVENUE SOUTH, LLC |                                                                                   |

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>5331 DOMINICA CIRCLE<br>SARASOTA FL 34233-3818 | <b>Mailing Address</b><br>5331 DOMINICA CIRCLE<br>SARASOTA FL 34233-3818 |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|



|                                                       |         |                           |         |
|-------------------------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business - No P.O. Box #</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                                   |         | Suite, Apt. #, etc.       |         |
| City & State                                          |         | City & State              |         |
| Zip                                                   | Country | Zip                       | Country |

1st MOORE CR2E083 (10/07)

|                                                                                                        |                                                                                 |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>4. FEI Number</b><br>NO-T APPLICABLE                                                                | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                                                 |

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>CHARBONNEAU, ANDRE<br>2033 MAIN STREET, SUITE 600<br>SARASOTA FL 34237 |
|--------------------------------------------------------------------------------------------------------------------------------------|

|                                                    |          |
|----------------------------------------------------|----------|
| <b>7. Name and Address of New Registered Agent</b> |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| FL                                                 | 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 Billie B. Burquest DATE 04/09/08

Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered agent's signature required for all registrations)

**FILE NOW!!! FEE IS \$138.75.**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS                     |                                                                                                      | 10. ADDITIONS / CHANGES                            |                                                                                                                     |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>BURQUEST, BILLIE B<br>5331 DOMINICA CIR<br>SARASOTA FL 34233 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>U000000868475<br>04/09/08-80010-010 138.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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: Billie B. Burquest 3-21-08 741-342-4595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone