

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90045 013 ****50.00

DOCUMENT # L04000029398

1. Entity Name

OSPREY BUSINESS CENTER, LLC



Principal Place of Business

31 SARASOTA CENTER BLVD.
SARASOTA, FL 34240

Mailing Address

31 SARASOTA CENTER BLVD.
SARASOTA, FL 34240

20027206



02172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1104298

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, E. JOHN II
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

**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	PS
NAME	LEPORE, MICHAEL R
STREET ADDRESS	34 SARASOTA CENTER BLVD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	V
NAME	BANKEMPER, MARIA
STREET ADDRESS	31 SARASOTA CENTER BLVD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	V
NAME	BANKEMPER, EDWARD L
STREET ADDRESS	31 SARASOTA CENTER BLVD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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

Date

Daytime Phone #

4-5-06

941-379-8797