


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90027 003 ****50.00

DOCUMENT # L04000033020	
1. Entity Name OSCEOLA PINES, L.L.C.	

Principal Place of Business 501 MAPLEWOOD DRIVE JUPITER, FL 33458	Mailing Address 501 MAPLEWOOD DRIVE JUPITER, FL 33458
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO Box 3351 Suite, Apt. #, etc.
City & State	City & State TEQUESTA FL 33469
Zip	Country
33469	PALM BEACH



01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1205170	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GIRVIN, D.R. ESQUIRE OCEANSIDE PROFESSIONAL CENTRE 1080 EAST INDIANTOWN ROAD, SUITE 105 JUPITER, FL 33477	
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7. Name and Address of New Registered Agent	
Name R.C. RATHKE	
Street Address (P.O. Box Number is Not Acceptable) 501 MAPLEWOOD DR.	
City JUPITER	FL Zip Code 33458

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 R.C. Rathke R.C. RATHKE (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MBR CRISTINA BISHOP 9142 EAST RIDGE RD. GOLDEN, CO. 80403	
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
		MBR CAROLA RATHKE 1127-B SEBONOLLE E JUPITER, FL. 33477	
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 exemption stated in Section 119.07(3)(i), 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: R.C. Rathke R.C. RATHKE 2/1/05 561-7460980

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