

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000045210

1. Entity Name
OSPREY COURTYARD, L.L.C.



Principal Place of Business
**247 PONCE DE LEON BLVD.
VENICE, FL 34285**

Mailing Address
**213 THE ESPLANADE SOUTH
VENICE, FL 34285**

FILED
Jan 31, 2008 08:00 A
Secretary of State



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3734225

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HASSLER, GREGG G
247 PONCE DE LEON BLVD.
VENICE, FL 34285**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HASSLER, GREGG B
247 PONCE DE LEON BLVD.
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PACHOTA, MICHAEL V
213 THE ESPLANADE, SOUTH
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FARLEY, DAVID P
720 CADIZ ROAD
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000808103
02/07/08-80036-004 138.75

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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 the 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 #

1/22/08

941-484-7362