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Jun 20, 2005 8:00 am
Secretary of State

05-31-2005 90647 003 ****50.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000079872

1. Entity Name
OSCEOLA CLEVELAND, LLC

Principal Place of Business	Mailing Address
413 CLEVELAND ST. CLEARWATER, FL 33755 US	413 CLEVELAND ST. CLEARWATER, FL 33755 US

05112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
413 Cleveland St	413 Cleveland St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater FL	City & State: Clearwater
Zip: 33755 Country: USA	Zip: FL 33755 Country: USA

4. FEI Number: 73-1723401 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KNAPMEYER, DONALD C ESQ.
635 CLEVELAND ST.
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent

Name: Knapmeyer Donald C. Esq.
Street Address (P.O. Box Number is Not Acceptable): 1465 S Ft Harrison Ave
Suite 101
City: Clearwater FL Zip Code: 33756 33756

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: DCK [signature] 6-8-05
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 September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERMAN, MARTIN J 413 CLEVELAND STREET CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERMAN, RHONDA R 413 CLEVELAND ST. CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] member 6/11/05 7274666697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #