
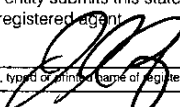



2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 AM 8:41

DOCUMENT # L04000079949 1. Entity Name OSPREY FOREST OAKS LLC					
Principal Place of Business 305 E. MAIN STREET BRIGHTON, MI 48116				Mailing Address 305 E. MAIN STREET BRIGHTON, MI 48116	
2. Principal Place of Business 13170 SW 134 Street		3. Mailing Address 13170 SW 134 Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		11102005 Chg-LLC CR2E083 (10/03)	
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 32-0131228	
Zip 33186		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DELANO, G. KRISTIN 360 CENTRAL AVENUE, STE. 1560 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Javier J. Cruz Street Address (P.O. Box Number is Not Acceptable) 13170 SW 134 Street City Miami FL Zip Code 33186	
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 		Javier J. Cruz		DATE 11/22/05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE			
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSPREY S.A. LTD 305 E. MAIN STREET BRIGHTON, MI 48116		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Javier J. Cruz 13170 SW 134 Street Miami, Florida 33186	
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	
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	
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: 		Javier J. Cruz		DATE 11/22/05 (305) 225-8919	
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	