


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90041 003 ***138.75

DOCUMENT # L04000091379	
1. Entity Name OSWALD & OSWALD, P.L.	

Principal Place of Business 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804	Mailing Address 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804
222 S. WESTMONT DRIVE, SUITE 210, APTAMONTE	

DO NOT WRITE IN THIS SPACE

SPRINGS, FLORIDA 32714



01032008 No Chg-LLC

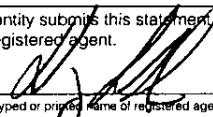
CR2E083 (12/07)

4. FEI Number 20-2058271	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent OSWALD, DOUGLAS W 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804	222 S. WESTMONT DRIVE SUITE 210 APTAMONTE SPRINGS, FL 32714
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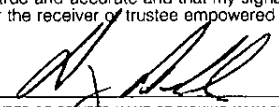
**DO NOT WRITE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 1/3/08
(NOTE: Registered Agent signature required when reinstating)	

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 OSWALD, KENNETH F 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSWALD, DOUGLAS W 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	DATE 1/3/08 DAYTIME PHONE # 407/647-3738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	