From: NORMAN FERBER To: BOB SMITH Date: 7/10/2008 Time:

07/09/08 21:29 TEL 941 951 6660

FILED
Jul 28, 2008 8:00 am
Secretary of State
07-28-2008 90073 047 ***538.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000013865

1. Entity Name
LAKE OSPREY VILLAGE, LLC

Principal Place of Business	Mailing Address
1335 2ND ST SARASOTA, FL 34236	425 GROVE STREET EVANSTON, IL 60201

60045748

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2386957 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEMBREE & ASSOCIATES 1335 2ND ST SARASOTA, FL 34236	Name: Robert J Smith Street Address (P.O. Box Number is Not Acceptable): C/O Michael Saunders + CO. 1801 Main St City: Sarasota, FL Zip Code: 34236

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 X Robert J Smith [signature] 8/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERBER, NORMAN 425 GROVE ST EVANSTON, IL 60201	☐ 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
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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 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: X [signature] MGR 7/9/08 847 343 8640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

07/11/08 FRI 01:15 [TX/RX NO 6657]