

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90153 049 ****50.00

DOCUMENT # L05000018519

1. Entity Name
OSPREY MEADOWS, LLC



Principal Place of Business
**3809 NORTH ARLINGTON AVENUE
TAMPA, FL 33603 US**

Mailing Address
**3809 NORTH ARLINGTON AVENUE
TAMPA, FL 33603 US**



2. Principal Place of Business

1390 LAKE JOSEPHINE DR

Suite, Apt. #, etc.

3. Mailing Address

1390 LAKE JOSEPHINE DR

Suite, Apt. #, etc.

01032006 Chg-LLC CR2E083 (11/05)

City & State

SEBRING FL

Zip
33875

Country

USA

City & State

SEBRING FL 33875

Zip

Country

USA

4. FEI Number

20-3500047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TIMOTHY P. KELLY, P.A.
1016 LASALLE STREET
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name

PATRICK HIGH

Street Address (P.O. Box Number is Not Acceptable)

1390 LAKE JOSEPHINE DR

City

SEBRING

FL

Zip Code

33875

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

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 May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KEEBLER, KIP
8601 MAGNOLIA STREET
GIBSONTOWN, FL 33534** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HERLONG, DAVID
3809 NORTH ARLINGTON AVENUE
TAMPA, FL 33603** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOYLE, ROBERT
1919 SEANWOOD CR
BRANDON, FL 33510** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATRICK HIGH
1390 LAKE JOSEPHINE DR
SEBRING, FL 33875** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/20/06

Date

863 414 4870

Daytime Phone #