

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 13, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000034222  
 1. Entity Name  
 OSPREY MONEY MANAGEMENT L.L.C.



Principal Place of Business 918 S. WASHINGTON AVE. TITUSVILLE, FL 32780	Mailing Address 918 S. WASHINGTON AVE. TITUSVILLE, FL 32780
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06062007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0385982	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CLAYTOR, KASEY J  
 918 S WASHINGTON AVE  
 TITUSVILLE, FL 32780

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by September 14, 2007**

U00000766262  
 06/13/07-80003-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLAYTOR, KASEY J 918 S WASHINGTON AVE. TITUSVILLE, FL 32780
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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: Kasey Claytor *Managing Member* 6-6-07 321-383-4005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date