


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-24-2006 90241 050 ****50.00

DOCUMENT # L05000083002

1. Entity Name
 1260 OSCEOLA, LLC



Principal Place of Business
 2240 W. FIRST ST.
 #100
 FORT MYERS, FL 33901 US

Mailing Address
 2240 W. FIRST ST.
 #100
 FORT MYERS, FL 33901 US

30002000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02172006 Chg-LLC CR2E083 (11/05)

Zip

Country

Zip

Country

4. FEI Number
 20-3355818

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ADKINS, STEVEN D
 2240 W. FIRST STREET
 #100
 FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 \$80.00
 Due by May 1, 2006

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE _____ Delete

NAME
 ADKINS, STEVEN D

STREET ADDRESS
 2240 W. FIRST STREET #100

CITY-ST-ZIP
 FORT MYERS, FL 33901

TITLE _____ Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE _____ Delete

NAME
 RESNICK, JOHN M

STREET ADDRESS
 2240 W. FIRST STREET #100

CITY-ST-ZIP
 FORT MYERS, FL 33901

TITLE _____ Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE _____ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE _____ Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE _____ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE _____ Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE _____ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE _____ Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE _____ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE _____ Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: John M. Resnick John M. Resnick 2/20/2006 239-337-7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytona Phone #



ATTACHMENT

30002000

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2006

1260 OSCEOLA, LLC
2240 W. FIRST ST.
#100
FORT MYERS, FL 33901 US

Subject: 1260 OSCEOLA, LLC

Reference Number:

L05000083002

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION