2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2006
Secretary of State

DOCUMENT# L05000093287

Entity Name: OSAMIGOS, LLC

Current Principal Place of Business:

3105 NW 38TH ST.
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3105 NW 38TH ST.
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 55-0915699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRAGIEL, LUCIAN
3105 NW 38TH ST.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WILKINS, LAURIE	
Address:	828 NW 21 AVE.	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	MGRM	( ) Delete
Name:	MCGRATH, VICKI	
Address:	2116 SW 70 TER.	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	MGRM	( ) Delete
Name:	KRAGIEL, SUZANNE	
Address:	3105 NW 38TH ST.	
City-St-Zip:	GAINESVILLE, FL 32606	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUZANNE KRAGIEL MGRM 09/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date