#### 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L05000093287

1. Entity Name OSAMIGOS, LLC



**FILED** Jan 09, 2007 08:00 AN **Secretary of State** 

Principal Place of Business

3105 NW 38TH ST. GAINESVILLE, FL 32606 Mailing Address

3105 NW 38TH ST. GAINESVILLE, FL 32606



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0915699

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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)

#### Filing Fee is \$50.00 Due by May 1, 2007

9,	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILKINS, LAURIE 828 NW 21 AVE. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGRATH, VICKI 2116 SW 70 TER. GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAGIEL, SUZANNE 3105 NW 38TH ST. GAINESVILLE, FL_32606
TITLE KAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE