2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000017316

FILED Feb 16, 2007 8:00 am Secretary of State 01-18-2007 90078 009 ****50.00

OSPREY	FUND IF LLC					01 10 200	,, ,,,,,,,	000	30.00
Principal Place of Business 1710 CHALLEN AVENUE JACKSONVILLE, FL 32205		Mailing Address 1710 CHALLEN AVENUE JACKSONVILLE, FL 32205						JU	בוטטטו
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Aps. #, etc.		Suite, Apt. #, etc.			01082007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State			4. FEI Num	ber 438687 F		1	oplied For of Applicable
Zip	Country 2ip		Cour	ntry		e of Status Desired	\$	5.00 Adı ee Require	ditional
	6. Name and Address of Current	Registered Agent			7. Name ar	d Address of New R	egistered A	jent	
MCCLARY		Name			_				
201 NORTH HOGAN STREET, STE. 400 JACKSONVILLE, FL. 32202		Stree		Street Address	Address (P.O. Box Number is Not Acceptable)				
	:			City			FL	Zip Cod	e
8. The above	named entity submits this statement for	r the purpose of changing it	s register	ed office or registe	red agent, or it	oth, in the State of Fig		miliar with	and accept
the obligat	tions of registered agent			-		,			and descept
SIGNATURE .	Signature, typed or printed name of registered agent a	and sale if applicable. (NO	TE Regisiere	d Agent signature recurred	0 when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							e check pay Departmen		•
9.	MANAGING MEMBE	RS/MANAGERS	10.		···-	ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	TITL				(Change	Addition
name Street address	MCCLARY, GLEN 1710 CHALLEN AVENUE		MAM S1RE	E Et address					1
CITY-ST-ZIP	JACKSONVILLE, FL 32205			-ST-ZIP					,
TITLE	MGRM	Delete 1						Change	Addition
NAME BROWN, CHRIS STREET ADDRESS PMB 129, 1650 MARGARET STR		EET, STE, 302		E Et adoress					
DITY-ST-ZP JACKSONVILLE, FL 32204				- ST - ZIP					1
TITLE	MGRM	☐ Delete	TITLE			<u> </u>	[Change	Addition
NAME STREET ADDRESS	OSPREY HOLDINGS, LLC 1710 CHALLEN AVENUE		NAM STRE	ET ADDRESS					Ì
CITY-ST-ZIP	JACKSONVILLE, FL 32205			-S1-Z0P					ŀ
TITLE		☐ Delcte	HIL					Change	Addition
NAME STREET ADDRESS			NAM	E Et adoress					
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NAME STREET ADDRESS			MAM	ET ADORESS					
CITY-ST-ZIP				-S1-ZIP					
indicated limited lia	certify that the information supplied with Lon this report is true and accurate and biblity company or the receiver or trustee	that my signature shall have	the same	e legal effect as il m	nade under oat	h:thatlam a manaoi	ther certily thing member o	at the infor x manager	mation of the
SIGNAT	URE: A SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING HEMBER H	MAGE® AS	ALIDIORIZEO DESDESSE	~ 7 NIATNE	1-13-67		323626	11
	SIGNATURE NAME OF THE POST PRINTED NAME OF		CONCER. UR	WALLEST MELLER	TIAITE	Date	Devh	me Phone #	1