

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000017316**

1. Entity Name  
**OSPREY FUND II LLC**



Principal Place of Business  
**1710 CHALLEN AVENUE  
JACKSONVILLE, FL 32205**

Mailing Address  
**1710 CHALLEN AVENUE  
JACKSONVILLE, FL 32205**



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4386878**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCCLARY, GLEN  
201 NORTH HOGAN STREET, STE. 400  
JACKSONVILLE, FL 32202**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MCCLARY, GLEN
STREET ADDRESS	1710 CHALLEN AVENUE
CITY - ST - ZIP	JACKSONVILLE, FL 32205
TITLE	MGRM
NAME	BROWN, CHRIS
STREET ADDRESS	PMB 129, 1650 MARGARET STREET, STE. 302
CITY - ST - ZIP	JACKSONVILLE, FL 32204
TITLE	MGRM
NAME	OSPREY HOLDINGS, LLC
STREET ADDRESS	1710 CHALLEN AVENUE
CITY - ST - ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000790265  
01/23/08-80028-005-138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-18-08

Date

909 773 6241

Daytime Phone #