

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017316

FILED  
Jul 20, 2009  
Secretary of State

Entity Name: OSPREY FUND II LLC

**Current Principal Place of Business:**

1710 CHALLEN AVENUE  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

1710 CHALLEN AVENUE  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 20-4386878      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:**

**Name and Address of New Registered Agent:**

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

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: MCCLARY, GLEN  
Address: 1710 CHALLEN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM ( ) Delete  
Name: BROWN, CHRIS  
Address: PMB 129, 1650 MARGARET STREET, STE. 302  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM ( ) Delete  
Name: OSPREY HOLDINGS, LLC  
Address: 1710 CHALLEN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

**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 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: GLEN MCCLARY

MGR

07/20/2009

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