

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90024 034 ****50.00

DOCUMENT # L06000040341

1. Entity Name
OSCEOLA OFF ROAD LLC



Principal Place of Business
**2102 OLD HICKORY TREE RD
 ST CLOUD, FL 34772**

Mailing Address
**2102 OLD HICKORY TREE RD
 ST CLOUD, FL 34772**

60041867



2. Principal Place of Business - No P.O. Box #
2102 OLD HICKORY TREE RD
 Suite, Apt. #, etc.

3. Mailing Address
2102 OLD HICKORY TREE RD
 Suite, Apt. #, etc.

04062007 Chg-LLC CR2E083 (12/06)

City & State
ST CLOUD FL

City & State
ST CLOUD FL

Zip
34772 Country

Zip
34772 Country

4. FEI Number **11-377233** Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**STADLER, EDWARD K
 2102 OLD HICKORY TREE RD
 ST CLOUD, FL 34772**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Edward K Stadler* DATE **4-10-07**

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**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STADLER, EDWARD K 2102 OLD HICKORY TREE RD ST CLOUD, FL 34772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANDLER, SPARKS K 2102 OLD HICKORY TREE RD ST CLOUD, FL 34772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edward K Stadler* DATE **4-10-07** DAYTIME PHONE # **407-892-8557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #