

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048503

FILED  
Apr 04, 2007  
Secretary of State

**Entity Name:** OSPREY BUSINESS PARK, LLC

**Current Principal Place of Business:**

3947 CLARK ROAD  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

**Current Mailing Address:**

3947 CLARK ROAD  
SARASOTA, FL 34233 US

**New Mailing Address:**

**FEI Number:** 22-3931181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

OSPREY BUSINESS PARK  
3947 CLARK ROAD  
SARASOTA, FL 34233 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:** SHEPHERD

04/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SHEPHERD, DEVON DREW  
**Address:** 3947 CLARK ROAD  
**City-St-Zip:** SARASOTA, FL 34233 US

**Title:** MGR ( ) Delete  
**Name:** SHEPHERD, DAVID M  
**Address:** 3947 CLARK ROAD  
**City-St-Zip:** SARASOTA, FL 34233 US

**ADDITIONS/CHANGES:**

**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 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:** SHEPHERD

MNG

04/04/2007

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