

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90075 003 ***138.75

DOCUMENT # L06000066112					
1. Entity Name OSEELA GROVES II, LLC					
Principal Place of Business 515 N. FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH, FL 33401			Mailing Address 515 N. FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # 500 AUSTRALIAN AVE. S.		3. Mailing Address 500 AUSTRALIAN AVE. S.			
Suite, Apt. #, etc. SUITE 710		Suite, Apt. #, etc. SUITE 710			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL			
Zip 33401		Country USA		Zip 33401	
Country USA		4. FEI Number 20-5144930			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOOSE, WILLIAM R III 515 NORTH FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name: HERBERT F. KAHLERT Street Address (P.O. Box Number is Not Acceptable): 500 AUSTRALIAN AVE. SOUTH Suite 710 City: WEST PALM BEACH FL Zip Code: 33401		
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOOSE, WILLIAM R III 515 N. FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-MGR BOOSE, WILLIAM R. III 631 US HIGHWAY ONE, STE. 305 NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-MGR KAHLERT HERBERT F. 500 AUSTRALIAN AVE. S, STE 710 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-MGR KAHLERT HERBERT F. 500 AUSTRALIAN AVE. S, STE 710 WEST PALM BEACH, FL 33401	
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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 TYPE OR PRINTED NAME OF SECOND MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					