



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90076 035 \*\*\*138.75

<b>DOCUMENT # L06000075557</b> 1. Entity Name <b>OSPREY APARTMENTS, LLC</b>					
Principal Place of Business <b>155 SOUTH MIAMI AVENUE</b> <b>850</b> <b>MIAMI, FL 33130 US</b>			Mailing Address <b>155 SOUTH MIAMI AVENUE</b> <b>850</b> <b>MIAMI, FL 33130 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2828 Coral Way</b> Suite, Apt. #, etc. <b>500</b>		3. Mailing Address <b>2828 Coral Way</b> Suite, Apt. #, etc. <b>500</b>			
City & State <b>Miami FL</b> Zip <b>33145</b>		City & State <b>Miami FL</b> Zip <b>33145</b>		4. FEI Number <b>APPLIED FOR</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COHEN, GARY J</b> <b>201 SOUTH BISCAYNE BOULEVARD</b> <b>1600</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Berman, Stephanie</b> Street Address (P.O. Box Number is Not Acceptable) <b>2828 Coral Way</b> <b>500</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33145</b>		
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 <u><i>Stephanie Berman</i></u> <span style="float: right;">1/24/08</span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BERMAN, STEPHANIE</b> <b>155 SOUTH MIAMI AVENUE, SUITE 850</b> <b>MIAMI, FL 33130</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Berman Stephanie</b> <b>2828 Coral Way #500</b> <b>Miami FL 33145</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u><i>Stephanie Berman</i></u> <span style="float: right;">1/24/08</span> <span style="float: right;">305-371-8300</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					