2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 25, 2007 8:00 am Secretary of State **DOCUMENT # L06000110955** 04-27-2007 90029 001 ****50 00 OSAGE PROPERTIES, LLC Principal Place of Business Mailing Address 30008820 4410 N. PALAFOX STREET 4410 N. PALAFOX STREET PENSACOLA, FL 32505 PENSACOLA, FL 32505 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number 20-5559398 Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name BEGGS & LANE, A REGISTERED LIMITED LIABILI Street Address (P.O. Box Number is Not Acceptable) 501 COMMENDENCIA STREET PENSACOLA, FL 32502 Zip Code FL 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 Signature: Typed or printed neme of registered agent and little 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 10. ADDITIONS/CHANGES mainaging Member TITLE TITLE ☐ Change ■ Addition NAME MALE STREET ADDRESS ake Charlene br. STREET ADDRESS CITY - ST - ZIP ensacola CITY-ST-ZIP 32506 Managing Member Parl Jonsen TITLE TATLE ☐ Change ☐ Addition NAME NAME 1801 CONWAY STREET ADDRESS STREET ADDRESS 32503 CITY - ST - ZIP CITY - ST - ZIP Managin, Member Delete Richard Jansen TITLE TITLE ☐ Chance ■ Addition 1239 Chr isholm STREET ADDRESS STREET ADDRESS 32514 CITY-ST-ZIP CITY-ST-ZIP INTLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY - ST- 21P TITLE ☐ Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - Z# 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 frue 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: njin SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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