2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000114297

1. Entity Name
OSCEOLA GATEWAY, LLC



Principal Place of Business 6700 CONROY ROAD

SUITE 230 ORLANDO, FL 32835 U Mailing Address

6700 CONROY ROAD SUITE 230

ORLANDO, FL 32835

05

FILED Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90237 024 ***138.75

60020661



03252008 No Chg-LLC

CR2E083 (12/07)

			_	
	20-8033065	_		Not Applica
4.	FEI Number			Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

CHARRON, ALAN C 6700 CONROY ROAD, STE. 230 ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE

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, an	nd accept
	the obligations of registered agent.		

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RETAIL INVESTMENT SPECIALISTS, LLC 6700 CONROY RD., SUITE 230 ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS* CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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 TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/1/08 (407)291-9000

Daytime Physe #