

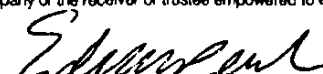


08-10-2007 90015 021 ****50.00
L06000118548

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # L06000118548 1. Entry Name OSPREY PROFESSIONAL PARK, LLC</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 1505 RIDGEWOOD LANE SARASOTA, FL 34231</div><div>Mailing Address 1505 RIDGEWOOD LANE SARASOTA, FL 34231</div></div>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">07 SEP 14 PM 12:16</div> <div style="font-size: 14px; font-weight: bold; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: left; margin-top: 20px;"> 08062007 Chg-LLC CR2E083 (12/06)</div>
<div style="display: flex; justify-content: space-between;"><div>2. Principal Place of Business - No P.O. Box #</div><div>3. Mailing Address</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Suite, Apt. #, etc.</div><div>Suite, Apt. #, etc.</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>City & State</div><div>City & State</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Zip Country</div><div>Zip Country</div></div>		<div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number</div><div><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="margin-top: 10px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</div>
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;">6. Name and Address of Current Registered Agent RYSKAMP, PATRICK W 200 SOUTH ORANGE AVE. SARASOTA, FL 34236</div><div style="width: 4%;"></div><div style="width: 48%;">7. Name and Address of New Registered Agent <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Street Address (P.O. Box Number is Not Acceptable)</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="display: flex; justify-content: space-between;"><div style="border-bottom: 1px solid black; width: 60%;">City</div><div style="border-bottom: 1px solid black; width: 10%; text-align: center;">FL</div><div style="border-bottom: 1px solid black; width: 30%;">Zip Code</div></div></div></div>		
<div style="font-size: 10px;">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.</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>SIGNATURE</div><div>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</div><div>DATE</div></div>		
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"><div>MGRM DUNHAM, ERIC L 1505 RIDGEWOOD LANE SARASOTA, FL 34231</div><div><input type="checkbox"/> Delete</div></div>	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"><div>MGRM PERKINS, EDITH D 1505 RIDGEWOOD LANE SARASOTA, FL 34231</div><div><input type="checkbox"/> Delete</div></div>	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Delete</div></div>	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Delete</div></div>	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Delete</div></div>	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Delete</div></div>	<div style="display: flex; justify-content: space-between;"><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>
<div style="font-size: 8px;">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.</div>		
SIGNATURE:  Edith D. Perkins		8/16/07 371-4324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #