


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90065 021 \*\*\*138.75

**30009809**

<b>DOCUMENT # L07000115969</b>			
1. Entity Name OSB REACQUISITION, LLC			
Principal Place of Business 250 NORTH ORANGE AVENUE ORLANDO, FL 32801 US		Mailing Address 250 NORTH ORANGE AVENUE ORLANDO, FL 32801 US	
2. Principal Place of Business - No P.O. Box # 250 N. ORANGE AVENUE		3. Mailing Address 250 N. ORANGE AVENUE	
Suite, Apt. #, etc. 15TH FLOOR		Suite, Apt. #, etc. 15TH FLOOR	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32801	Country U.S.A.	Zip 32801	Country U.S.A.
4. FEI Number 20-2672606		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STAMP, MARTIN F 2 SOUTH ORANGE AVENUE 5TH FLOOR ORLANDO, FL 32801		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 JANSKY, SANDRA W 250 NORTH ORANGE AVENUE ORLANDO, FL 32801 <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
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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 606, Florida Statutes.			
SIGNATURE: <u>Sharon Dickerson</u> , Authorized Rep.		4/25/08 352-394-1306	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SHARON DICKERSON, AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



250 North Orange Avenue  
15<sup>th</sup> Floor  
Orlando, FL 32801  
Phone: 407-420-3909  
Fax: 407-420-3911

June 18, 2008

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

RE: OSB Reacquisition, LLC  
Reference Number: L07000115969

Dear Sirs:

Please find enclosed the corrected annual report with the FEI number provided. Please accept my apologies for this oversight on the original report.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sharyn Dickerson", is written over a horizontal line.

Sharyn Dickerson  
Corporate Secretary

Enclosure