2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# L08000060619

Entity Name: OSPREY CORNER COMMERCIAL, LLC

Current Principal Place of Business:

115 BAY AVE
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

P O BOX 271
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BACHRACH, JAMES
115 BAY AVE
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BACHRACH, JAMES M
Address: P O BOX 271
City-St-Zip: APALCHICOLA, FL 32329

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: SCHULTZ, BILLY
Address: 3085 PACES MILL RD.
City-St-Zip: ATLANTA, GA 30339

Title: MGRM ( ) Change (X) Addition
Name: CHEEK, TOM
Address: 750 WOOD DUCK CT.
City-St-Zip: ATLANTA, GA 30327

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES N. BACHRACH MGRM 01/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date