

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060619

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**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:** 26-4281015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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  
**Name:** BACHRACH, JAMES M  
**Address:** P O BOX 271  
**City-St-Zip:** APALCHICOLA, FL 32329

**Title:** MGRM  
**Name:** SCHULTZ, BILLY  
**Address:** 3085 PACES MILL RD.  
**City-St-Zip:** ATLANTA, GA 30339

**Title:** MGRM  
**Name:** CHEEK, TOM  
**Address:** 750 WOOD DUCK CT.  
**City-St-Zip:** ATLANTA, GA 30327

I hereby 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 BACHRACH

MM

01/04/2011

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