

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108770

FILED
Feb 01, 2011
Secretary of State

Entity Name: OSCEOLA PROPERTY PARTNERS, LLC

Current Principal Place of Business:

1205 FETTERBUSH CT.
ST. CLOUD, FL 34772

New Principal Place of Business:

3923 CROSLEY AVE
ST. CLOUD, FL 34772

Current Mailing Address:

1205 FETTERBUSH CT.
ST. CLOUD, FL 34772

New Mailing Address:

3923 CROSLEY AVE
ST. CLOUD, FL 34772

FEI Number: 27-1289101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIZRAHI, MARK
1205 FETTERBUSH CT.
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

ILLGEN, SUANN
3923 CROSLEY AVE
ST. CLOUD, FL 34772 US

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: SUANN ILLGEN

02/01/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ALFIERO, RICHARD
Address: 136 NILES HILL RD.
City-St-Zip: WATERFORD, CT 06385

Title: MGRM
Name: VORMBROCK, DAVID
Address: 3441 ROBERT LEE RD
City-St-Zip: ST. CLOUD, FL 34772

Title: MGRM
Name: BRONSON, CHUCKIE
Address: 4240 PINE TREE DR.
City-St-Zip: ST. CLOUD, FL 34772

Title: MGRM
Name: HARRIS, CATHY
Address: 2831 KING OAK CIRCLE
City-St-Zip: ST. CLOUD, FL 34769

Title: MGRM
Name: SIEBELINK, DARLENE
Address: 1351 SWEETWOOD BLVD
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM
Name: BASS, KIMBERLY
Address: 4440 BRADY RD.
City-St-Zip: ST. CLOUD, FL 34772

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: SUANN ILLGEN

MGRM

02/01/2011

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