


2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 AUG 28 PM 3:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000389			
OSPREY CAPITAL MANAGEMENT, LLC 226-5 SOLANO ROAD, SUITE 214 PONTE VEDRA BEACH FL 32082		1a. Principal Place of Business Address 226-5 SOLANO ROAD, SUITE 214 PONTE VEDRA BEACH FL 32082			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Osprey Capital Mgmt LLC		03/29/1996	
City & State		4400 Marsh Landing Blvd Ponte Vedra #Suite 6		3a. State of Formation FL	
Zip		32082		4. FEI Number	
Country		ST. JOHNS		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent		5. Date of Last Report	
CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name		6. Certificate of Status Desired	
		Street Address (P.O. Box Number is Not Acceptable)		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		Suite, Apt. #, etc.			
		City		FL	
		Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SOLOW, JON	5998 S.W. 50TH STREET		MIAMI FL	
MGRM	MONS, ROBERT E	7049 CYPRESS BRIDGE DRIVE		PONTE VEDRA FL	
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Robert E. Mons

8/20/97 904/280-0280

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #