


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90060 015 *****55.00

DOCUMENT # L99000001181	
1. Entity Name OSPREY II, LLC	

Principal Place of Business 801 TWELFTH AVE SOUTH STE 200 NAPLES, FL 34102	Mailing Address 801 TWELFTH AVE SOUTH STE 200 NAPLES, FL 34102
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24078620



2. Principal Place of Business 600 5TH AVENUE SOUTH	3. Mailing Address 600 5TH AVENUE SOUTH
Suite, Apt. #, etc. SUITE 210	Suite, Apt. #, etc. SUITE 210
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34102	Zip 34102
Country USA	Country USA

07202004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3565196	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent A.G.C. CO. 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO, FL 32801

7. Name and Address of New Registered Agent Name MARTIN M. WASMER Street Address (P.O. Box Number is Not Acceptable) 600 5TH AVENUE SOUTH, SUITE 210 City NAPLES FL Zip Code 34102

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 Martin M. Wasmer MARTIN M. WASMER 7/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WASMER, SCHROEDER & COMPANY, INC. 801 TWELFTH AVE SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 5TH AVENUE SOUTH, SUITE 210 NAPLES, FL 34102
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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11. I 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 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.

SIGNATURE: Donna M. Sisia DONNA M. SISIA, SR VP 7/20/04 239-263-6877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #