

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90008 012 *****55.00

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DOCUMENT # L99000001181

1. Entity Name

OSPREY II, LLC



Principal Place of Business

**600 FIFTH AVENUE SOUTH, SUITE 210
NAPLES FL 34102**

Mailing Address

**600 FIFTH AVENUE SOUTH, SUITE 210
NAPLES FL 34102**

30054183



2. Principal Place of Business

801 TWELFTH AVENUE SOUTH

Suite, Apt. #, etc.

SUITE 200

City & State

NAPLES, FL

Zip

34102

Country

USA

3. Mailing Address

801 TWELFTH AVENUE SOUTH

Suite, Apt. #, etc.

SUITE 200

City & State

NAPLES, FL

Zip

34102

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3565196

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
WASMER, SCHROEDER & COMPANY, INC.
600 FIFTH AVENUE SOUTH, SUITE 210
NAPLES FL 34102**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**801 TWELFTH AVENUE SOUTH - SUITE 200
NAPLES, FL 34102**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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. Bisset**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/3/03 239-268-6877

Date Daytime Phone #

CR2E083 (10/02)