

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003715

1. Entity Name  
OSPREY SOLUTIONS LLC

Principal Place of Business  
1220 NORTH MARKET STREET, SUITE 606  
WILMINGTON DE 19801

Mailing Address  
1220 NORTH MARKET STREET, SUITE 606  
WILMINGTON DE 19801-2598

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

## 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete  
NAME STERLING MANAGERS LIMITED  
STREET ADDRESS P.O. BOX 362  
CITY-ST-ZIP ROAD TOWN TORTOLA, BVI

TITLE MGR ☐ Delete  
NAME MANHATTAN MANAGEMENT COMPANY LIMITED  
STREET ADDRESS OLD AIRPORT ROAD, SUITE 227, HALLMARK BLDG  
CITY-ST-ZIP THE VALLEY ANGUILLA, BWI

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 900003236209--8  
STREET ADDRESS -05/03/00--01019--001  
CITY-ST-ZIP \*\*\*3750.00 \*\*\*\*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Janet M. Capaccio* *attorney-in-fact for Sterling Managers* 4/20/00 302-421-5750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)