

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000005712 1. Entity Name 269 SOUTH OSPREY, L.L.C.					
Principal Place of Business 107 S OSPREY AVE STE 100 SARASOTA, FL 34236 US			Mailing Address 107 S OSPREY AVE STE 100 SARASOTA, FL 34236 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			01052006 Chg-LLC CR2E083 (11/05)		
			4. FEI Number 65-0949609		Applied For ☐ Not Applicable
			5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LAWSON, LISA M 107 S OSPREY AVE SARASOTA, FL 34236				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWSON, DONALD M 107 SOUTH OSPREY AVENUE SARASOTA, FL 34236	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000384487 01/17/06-80014-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, G. WILLIAM 1602 EAST AVENUE SARASOTA, FL 34237	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENHAM, RONALD 1602 EAST AVENUE SARASOTA, FL 34237	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWSON, LISA M 107 SOUTH OSPREY AVE SARASOTA, FL 34236	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____				11/09/2006 941 366 4206	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	