2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005712

City-St-Zip: SARASOTA, FL 34236

Entity Name: 269 SOUTH OSPREY, L.L.C.

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
107 S OSF STE 100	PREY AVE			
SARASOT	A, FL 34236	US		
Current Mailing Address:			New Mailing Address:	
107 S OSF STE 100	PREY AVE			
	A, FL 34236	US		
FEI Number: 65-0949609		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
LAWSON, 107 S OSF SARASOT		US		
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATU	RE:			
	Electror	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	LAWSON, DON	PREY AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () DUNN, G. WILL 1602 EAST AVI SARASOTA, FL	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () DENHAM, RON 1602 EAST AVI SARASOTA, FL	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	MGRM () LAWSON, LISA 107 SOUTH OS		Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: LISA M. LAWSON MGRM 01/13/2009