

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000831

FILED  
May 02, 2007  
Secretary of State

Entity Name: OSPREY DEVELOPMENT COMPANY, LLC

## Current Principal Place of Business:

1550 SOUTHERN OAKS COVE  
LAWRENCEVILLE, GA 30043

## New Principal Place of Business:

## Current Mailing Address:

1550 SOUTHERN OAKS COVE  
LAWRENCEVILLE, GA 30043

## New Mailing Address:

P.O. BOX 417  
FERNANDINA BEACH, FL 32035

FEI Number: 58-2597674      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

WILLIS, ANN  
829 MARY STREET  
FERNANDINA BEACH, FL 32034      US

## Name and Address of New Registered Agent:

WILLIS, ANN B  
829 MARY STREET  
FERNANDINA BEACH, FL 32034      US

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: ANN B. WILLIS

05/02/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: PROCTOR, JOHN R  
Address: 1550 SOUTHERN OAKS COVE  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MGR      ( ) Delete  
Name: MURPHEY, CRAIG S  
Address: 986 CHADS FORD  
City-St-Zip: MACON, GA 31210

Title: MGR      ( ) Delete  
Name: WILLIS, ANN B  
Address: 829 MARY STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: PROCTOR, JOHN R  
Address: P.O. BOX 417  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: MGR      (X) Change ( ) Addition  
Name: MURPHEY, CRAIG S  
Address: 7968 WHITTLE RD  
City-St-Zip: MACON, GA 31220

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JOHN R. PROCTOR

MGRM

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date