2007 LIMITED LIABILITY COMPANY

FILED Apr 19, 2007 8:00 am Secretary of State

ANNUAL REPORT						Secretary or State			
1. Entity Nam	MENT # M05000003 os enterprises, llc	3266	!				0033 038 ****50	0.00	
Principal Place of Business Mailing Address						40070239			
9500 GRAND SANDESTIN BLVD STE 2811 4150 CAIRO RD						գրուսու			
MIRAMAR BEACH, FL 32550 PADUCAH, KY 42001									
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		T							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address							 		
サスク . Suite, Apt.	3 Two TREES RD # 17	Suite. Apt. #. etc.			_				
	Box 5495	Suite, Apt. #, etc.			03152007	Chg-LLC	CR2E083 (12/06)		
City & Stat	e .	City & State			4. FEI Numb	er	I An	plied For	
() E.S		ony a ciaic			61-109			t Applicable	
Zip	Country	Zip	Coun	try			_ \$5.00 Add		
325	41	,		•	5. Certificate	of Status Desired	Fee Required		
•	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Re	gistered Agent		
Name									
EDWARDS, BOBBY J				Street Address (P.O. Box Number is Not Acceptable) 4203 TWO TREES RD UNIT # 1702					
9500 GRAND SANDESTIN BLVD				4203	T_{ij}	PES RD (UNIT # 1702	<u>)</u>	
STE 2811 JACKSONVILLE BEACH, FL 32250				<u> </u>	BOX 54				
UNCHOOR					42				
				City DES	TIN		FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its re	egistere			oth, in the State of Flori			
	ions of registered agent.		•						
SIGNATURE	•								
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable, (NOTE:	Registere	Agent signature requ	uired when reinstating)		DATE		
				,					
Filing Fee is \$50.00						Make	check payable to		
D	ue by May 1, 2007					Florida I	Department of State	•	
	•	<u> </u>							
9.	MANAGING MEMBER		10.			ADDITIONS/C			
TITLE NAME	MGRM EDWARDS, BOBBY J	☐ Delete	TITLE	_		<i>-</i> 0	Da Change □ UNIT # 17	Addition	
STREET ADDRESS	9500 GRAND SANDESTIN BLVD	2811	NAM	ET ADDRESS 4	203 TW	O IREES KI	D UNIT FIN	02	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	2011		ST-ZIP P	OBOX 5	470 - C 1 2951	LI		
TITLE	MGRM	Delete	TITLE		$D = 3 \prod_{i \in S} D$, FL JAS	[] Change	Addition	
NAME	EDWARDS, ALEX	L Delete	NAM				☐ custige	☐ Addition	
STREET ADDRESS	4150 CAIRO ROAD			ET ADDRESS					
CITY-ST-ZIP	PADUCAH, KY 42001			ST-ZIP					
TITLE	MGRM	Delete	TITLE				☐ Change	☐ Addition	
NAME	EDWARDS, ASHLEY	C Delete	NAM				onengo	Addition	
STREET ADDRESS	4150 CAIRO ROAD			ET ADDRESS					
CITY-ST-ZIP	PADUCAH, KY 42001		CITY	-ST-ZIP					
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TITLE		☐ Delete	TITLE	I .			☐ Change	☐ Addition	
NAME			NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	ST-ZIP					
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.									
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SIGNAT	URE: 1356 ED	esome				41(6/07			
	SIGNATURE AND TYPED OR PRINTED NAME OF	DICHING MANAGING MEMBER MANA	CER OF	ALITHODIZED DEPO	ERENTATIVE	Date	Daytime Phone #		