


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90065 038 \*\*\*\*50.00

<b>DOCUMENT # M99000001456</b>	
1. Entity Name <b>OSPREY PROPERTY GROUP LLC</b>	

Principal Place of Business <b>147 OLD SOLOMONS ISLAND ROAD SUITE 210 ANNAPOLIS, MD 21401</b>	Mailing Address <b>147 OLD SOLOMONS ISLAND ROAD SUITE 210 ANNAPOLIS, MD 21401</b>
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2. Principal Place of Business <b>175 Admiral Cochrane Drive</b> Suite, Apt. #, etc. <b>201</b>	3. Mailing Address <b>175 Admiral Cochrane Drive</b> Suite, Apt. #, etc. <b>201</b>
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04272004 Chg-LLC CR2E083 (10/03)

City & State <b>Annapolis, MD</b>	City & State <b>Annapolis, MD</b>	4. FEI Number <b>52-1818135</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>21401</b>	Country <b>USA</b>	Zip <b>21401</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent <b>SCHIFF, GORDON J ESQ. 400 N. TAMPA STREET SUITE 2300 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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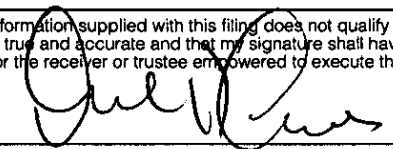
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State.
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEWIS, DAVID R 147 OLD SOLOMONS ISLAND ROAD ANNAPOLIS, MD 21401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 175 Admiral Cochrane Drive, #201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **4/28/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #