


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90029 023 ***150.00

DOCUMENT # P06000099957 1. Entity Name OSPREY APARTMENTS MANAGER, INC.					
Principal Place of Business 155 SOUTH MIAMI AVENUE 850 MIAMI, FL 33130 US			Mailing Address 155 SOUTH MIAMI AVENUE 850 MIAMI, FL 33130 US		
2. Principal Place of Business - No P.O. Box # 2828 Coral Way Suite, Apt. #, etc. 500		3. Mailing Address 2828 Coral Way Suite, Apt. #, etc. 500		01242008 Chg-P CR2E034 (12/06)	
City & State Miami FL		City & State Miami FL		4. FEI Number APPLIED FOR	
Zip 33145		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, GARY J 201 SOUTH BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Berman, Stephanie Street Address (P.O. Box Number is Not Acceptable) 2828 Coral Way #500 City Miami FL Zip Code 33145	
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 <u><i>Stephanie Berman</i></u> DATE <u>1/24/08</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERMAN, STEPHANIE 155 SOUTH MIAMI AVENUE, SUITE 850 MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Berman, Stephanie 2828 Coral Way #500 Miami, FL 33145	<input checked="" 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
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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
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Stephanie Berman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>1/24/08</u> DAYTIME PHONE: <u>305-371-8300</u>		