2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOASTEPON								
DOCUMENT # P9900083410  1. Entity Name OSPREY PIRCE ARABITMENTS, INC.					FILED			
OSPREY RIDGE APARTMENTS, INC.					04 AP	R-5 PM 2: LI		
Principal Place of Business . Mailing Address				7	_SECRE	TARY on		
800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 32803		POST OFFICE BOX 4961 ORLANDO, FL 32802-4961			TALLAH	TARY OF STATE ASSEE, FLORID,	4	
2. Principal Place of Business	3. Mailing Address	lailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02232004	Chg-P	CR2E034 (10/03)	MRS		
City & State	City & State	,		4. FEI Numb 59-360		No	oplied For ot Applicable	
Zip Country	Zip	Zip Country		5. Certificate	of Status Desired	See Require		
6. Name and Address of Current Registered Agent				7. Name and	Address of New	Registered Agent		
DAG CODDODATE CEDITION OF CE	ITOM EL COLO		Name					
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1100			Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO, FL 32801		ļ						
			City FL Zip Code					
8. The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its	s registere	d office or regis	tered agent, or bo	th, in the State of F	lorida. I am familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE								
				55.00 May Be				
10. OFFICERS AND DIRECTORS 11		11.	•	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE P						☐ Change	☐ Addition	
NAME KROPP, STEVEN G								
	0.00		ST-ZIP					
TITLE VPS			<del></del>			☐ Change	☐ Addition	
NAME CARLTON, CHARLES S	La Delete				anasp:	2045E	Assumon	
			ET ADDRESS	047217	n4=-01005-	20452 -008 **150.00		
CITY-ST-ZIP ORLANDO, FL 32803				0 17 22 21				
NAME WILLNER, DAVID M	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
<b>1</b> • • • • • • • • • • • • • • • • • • •			T ADDRESS					
CITY-ST-ZIP ORLANDO, FL 32803			ST-ZIP					
TITLE VPAS	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME MCKINNEY, EUGENE V STREET ADDRESS 800 N. HIGHLAND AVENUE. S								
			T ADDRESS ST-ZIP					
TITLE VPAT Delete TI						☐ Change	☐ Addition	
NAME LAWLWER, THOMAS P			- 1					
			T ADDRESS ST-ZIP					
TITLE VP						☐ Change	☐ Addition	
NAME TUTTLE, L. MILLS  STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200  ST			T ADDRESS					
			ST-ZIP					
12. I hereby certify that the information supplied w	ith this filing does not qualify fo			Section 119.07(3)	(i). Florida Statutes	. I further certify that the i	nformation	

12. Thereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE

3/22/04 407-2

407-299-1600