


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 02, 2008 8:00 am
Secretary of State

05-22-2008 90512 003 ***138.75

| | |
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| DOCUMENT # L04000036877 1. Entity Name FLORIDA & OVERSEAS PROPERTIES, LLC |  |
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| Principal Place of Business 9286 N. CHELSEA DRIVE PLANTATION, FL 33324 | Mailing Address 10923 NW 18 PLACE PLANTATION, FL 33322 |
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30010131



04242008 No Chg-LLC CR2E083 (12/07)

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|---|--------------------------------|
| 4. FEI Number 20-1121116 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

PATRICK VIVIES CPA
700 E. DANIA BEACH BLVD.
DANIE, FL 33004

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 6/30/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

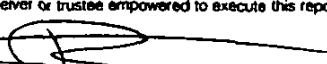
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BONDRILLE, FRANCK 9286 CHELSEA DRIVE PLANTATION, FL 33324 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CICO, BENEDETTO 201 STUYVESANT DRIVE SAN ANSELMO, CA 94960 |
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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 606, Florida Statutes.

SIGNATURE:  DATE: 6/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #