2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A93000001451

1. Entity Name OVERTOWN DEVELOPMENT GROUP, LTD.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

1023 NW 3RD AVE. MIAMI, FL 33136 Mailing Address

10101 COLLINS AVE. 9A BAL HARBOUR, FL 33154



04212008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0455376 Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YUKEN, SALOMON 10101 COLLINS AVE., 9A BAL HARBOUR, FL 33154

12.

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.

100000923814

SIGNATURE Signature, typed or printed name of registered agent and title it applicable.

- กร/โล้:'กลิ=ลิกิกีส์จิ=กกส รกล 75

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

GENERAL PARTNER INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.

S34792 DOCUMENT # OVERTOWN DEVELOPMENT GROUP, INC. NAME STREET ADDRESS 1023 NW 3RD AVE. CITY-ST-ZIP MIAMI, FL 33136 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

DO NOT WRITE
IN THIS SPACE

14. 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 revisionature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this proof as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPER OF REINTER NAME OF RIGHING GENERAL PARTNES

NKEN 1-3508 (302) 374-11113

Daytime Phone (