

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013498

FILED  
Apr 01, 2006  
Secretary of State

Entity Name: EXOVER L.L.C.

**Current Principal Place of Business:**

11414 GLENMONT DR.  
TAMPA, FL 33635

**New Principal Place of Business:**

**Current Mailing Address:**

11414 GLENMONT DR.  
TAMPA, FL 33635

**New Mailing Address:**

FEI Number: 59-3677563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MINSKY, CRAIG  
112 SOUTH ARMENIA AVE.  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: XIQUES, EDWARD F II  
Address: 11414 GLENMONT DR.  
City-St-Zip: TAMPA, FL 33635

Title: MGRM ( ) Delete  
Name: OVERHOLT, FREDERIC J  
Address: 7408 CLEARVIEW DR.  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: OVERHOLT, FREDERIC J  
Address: 5504 TURTLE CROSSING LOOP  
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD F. XIQUES II

MGRM

04/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date