


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000024534	
1. Entity Name SAMCARLI AT OVERLOOK, LLC	

Principal Place of Business 801 NW 47AVE OFFICE MIAMI, FL 33125	Mailing Address 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143
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02082005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0811980	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SALAS, RAUL ESQ SALAS, EDE, PETERSON & LAGE, L.L.C. 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$50.00
Due by May 1, 2005

U00000231991
02/16/05-80056-002 200.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHELTON, TERESITA 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, RAUL E 6333 SUNSET DR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, ENRIQUE R 6333 SUNSET DR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNANCE, TERESITA 6333 SUNSET DR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby 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 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 608, Florida Statutes.

SIGNATURE: Teresita Shelton Mgr. 2/9/05 305-775-8176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #