


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90015 049 ****50.00

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| DOCUMENT # L02000032986 |  |
| 1. Entity Name OVERSEAS VILLAGE, LLC | |

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| Principal Place of Business 1010 KENNEDY BLVD. 4TH FLOOR KEY WEST, FL 33040 | Mailing Address P.O. BOX 5886 KEY WEST, FL 33045 |
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| 2. Principal Place of Business 6805 OVERSEAS HWY. | 3. Mailing Address P.O. Box 501267 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-------------------------------------|-------------------------------------|
| City & State MARATHON, FL | City & State MARATHON, FL |
| Zip 33050 | Zip 33050 |
| Country | Country |



04072004 Chg-LLC CR2E083 (10/03)

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| 6. Name and Address of Current Registered Agent | |
| ALLISON, JOHN R III 100 S.E. 2ND STREET, SUITE 2350 KEY WEST, FL 33041 | |

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|--|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) 6803 OVERSEAS HIGHWAY | |
| City MARATHON | FL Zip Code 33050 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SINGH, PRITAM 1010 KENNEDY DRIVE, 4TH FLOOR KEY WEST, FL 33040 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6805 OVERSEAS HIGHWAY MARATHON, FL 33050 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REYNOLDS, TYLER 6805 OVERSEAS HIGHWAY MARATHON FL 33050 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAGEL, NANCY 6805 OVERSEAS HIGHWAY MARATHON, FL 33050 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERTS, JENNIFER 6805 OVERSEAS HIGHWAY MARATHON, FL 33050 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Jennifer Roberts Jennifer Roberts 4-19-04 305-296-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #