

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032986

1. Entity Name

OVERSEAS VILLAGE, LLC



FILED

03 MAY 12 AM 9:43

STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1010 Kennedy Drive

3. Mailing Address

P.O. Box 5884

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4th Floor

DO NOT WRITE IN THIS SPACE

City & State

City & State

Key West, FL

Key West, FL

Zip

Country

Zip

Country

33040 USA

33045 USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John R. Allison, III

Street Address (P.O. Box Number is Not Acceptable)

100 S.E. 2nd Street
Suite 3350

City

Miami

FL

Zip Code

33131

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.

John R. Allison, III

04/14/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
mgr
Priyam Singh
1010 Kennedy Drive 4th Fl.
Key West, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200016117122
04/16/03--01052--002 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Nancy Hager
1010 Kennedy Drive 4th Fl.
Key West, FL 33040

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CITY-ST-ZIP

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CITY-ST-ZIP

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:

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

Date

Daytime Phone #

4/14/03

305 296 5601

CR2E083B (12/02)