

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022287

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** OVERSIGHT PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

502 W. JEFFERSON ST.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

502 W. JEFFERSON ST.  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 56-2389560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GROENIGER, SUE  
502 W. JEFFERSON ST.  
TALLAHASSEE, FL 32301 US

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

BUMGARNER, BARRY L  
502 W. JEFFERSON ST.  
TALLAHASSEE, FL 32301 US

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: BARRY L. BUMGARNER

04/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BUMGARNER, BARBARA B  
Address: 2015 WINTHROP WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: BUMGARNER, BARRY L  
Address: 2015 WINTHROP WAY  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES:**

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

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

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: BARRY L. BUMGARNER

MGRM

04/12/2007

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