# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# L03000022748

**Entity Name:** OVERLOOK ONE, LLC

**Current Principal Place of Business:**

221 N. HOGAN STREET
#135
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

221 N. HOGAN STREET
#135
JACKSONVILLE, FL 32202

**Current Mailing Address:**

221 N. HOGAN STREET
#135
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number: 59-3274268** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HUDSON, CALVIN H
221 N. HOGAN STREET
#135
JACKSONVILLE, FL 32202 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: MGR ( ) Delete
Name: HUDSON, CALVIN
Address: 800 LOMAX STREET #118
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: CALVIN HUDSON MGR 04/28/2009

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