2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028629

1. Entity Name

OVERTOWN CONDOMINIUM, LLC



Principal Place of Business

Mailing Address

1023 NW 3RD AVE. MIAMI, FL 33136 1023 NW 3RD AVE. MIAMI, FL 33136

FILED Apr 20, 2005 8:00 am Secretary of State

04-20-2005 90037 004 ****55.00

A THE WARRANT



DO NOT WRITE IN THIS SPACE

04062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 41-2119662 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

OVERTOWN:MANAGEMENT CORP... 1023 NW 3RD AVE. MIAMI, FL 33136

6. Name and Address of Current Registered Agent

IN THIS SPACE

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_		registered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NHDC BARCELOÑA, INC 1023 NW 3RD AVE. MIAMI, FL 33136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		

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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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

4/15/05

30/3749413

Daytime Phone #