2008 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

DO NOT WRITE IN THIS SPACE

04302008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number 41-2119662	Applied For
	Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

U00000946114
05/30/08-80035-013 143.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	NHDC BARCELONA, INC
STREET ADDRESS	1023 NW 3RD AVE.
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SALOMON YUKEN   4-30-08 (305)374-4412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #