

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011901

FILED  
Feb 21, 2006  
Secretary of State

Entity Name: OVERLOOK LC

**Current Principal Place of Business:**

4900-H CREEKSIDE DRIVE  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

4900-H CREEKSIDE DRIVE  
CLEARWATER, FL 33760

**New Mailing Address:**

FEI Number: 61-1467762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUARTETTI, THOMAS L  
4900-H CREEKSIDE DRIVE  
CLEARWATER, FL 33760 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: P ( ) Delete  
Name: QUARTETTI, RALPH W  
Address: 4900 CREEKSIDE DRIVE SUITE H  
City-St-Zip: CLEARWATER, FL 33760

Title: V ( ) Delete  
Name: QUARTETTI, THOMAS L  
Address: 4900 CREEKSIDE DRIVE SUITE H  
City-St-Zip: CLEARWATER, FL 33760

Title: ST ( ) Delete  
Name: HUNTER, ERIKA D  
Address: 4900 CREEKSIDE DRIVE SUITE H  
City-St-Zip: CLEARWATER, FL 33760

**ADDITIONS/CHANGES:**

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

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: ERIKA D. HUNTER

ST

02/21/2006

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