


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000027059 1. Entity Name OVERPASS INDUSTRIES LLC	
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Principal Place of Business 810 N STATE ST BUNNELL, FL 32110	Mailing Address 9787 WEST HWY 100 BUNNELL, FL 32113
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03102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0982772	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERTSON, ANDREA J 9787 WEST HWY 100 BUNNELL, FL 32110

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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.)

**Filing Fee is \$50.00
Due by May 1, 2006**

DATE
11/05/05 10:44:51
113723706-00047-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTSON, ANDREA J 9787 WEST HWY 100 BUNNELL, FL 32110
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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: Andrea J. Robertson **Andrea J. Robertson** 2/9/06 386-437-2357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #