

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000045080

1. Entity Name
OVERSTREET PROPERTIES, LLC



Principal Place of Business
**675 ANDERSON CT
SATELLITE BEACH, FL 32937**

Mailing Address
**675 ANDERSON CT
SATELLITE BEACH, FL 32937**



03152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2215354

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OVERSTREET, DEBORAH V
675 ANDERSON CT
SATELLITE BEACH, FL 32937**

**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 _____

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

000000555525
06/02/06-80006-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
OVERSTREET, DEBORAH V
675 ANDERSON CT
SATELLITE BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TRICKEY, KELLY O
675 ANDERSON CT
SATELLITE BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BROWN, TREBOR S
1105 SHANA CIR, SUITE 1
MARIETTA, GA 30066**

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: _____

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

30 MAY 06

Date

Daytime Phone #

321-223-6344