

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063355

Entity Name: OVERLIT, LLC

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

1006 SW 26TH AVE
BOYNTON BEACH, FL 33426

New Principal Place of Business:

1291 ESSEX DRIVE
WELLINGTON, FL 33414

Current Mailing Address:

1291 ESSEX DRIVE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORDAN, MICHAEL J
1291 ESSEX DRIVE
WELLINGTON, FL 33414 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/MEMBERS:

Title: MGRM () Delete
Name: DEFILIPPIS, ANDREW J
Address: 1006 SW 26TH AVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR (X) Delete
Name: JORDAN, MICHAEL J
Address: 1291 ESSEX DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Delete
Name: KAUFFMANN, JASON
Address: 1979 PARK PLACE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JORDAN, MICHAEL J
Address: 1291 ESSEX DRIVE
City-St-Zip: WELLINGTON, FL 33414

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 Section 119.07(3)(i), 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: MICHAEL JORDAN

MGRM

01/03/2005

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