


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90174 009 \*\*\*\*50.00

DOCUMENT # L04000077217					
1. Entity Name <b>OVERSTREET PARTNERS L.L.C.</b>					
Principal Place of Business <b>8845 GLEN ABBY DR. TALLAHASSEE, FL 32312</b>			Mailing Address <b>8845 GLEN ABBY DR. TALLAHASSEE, FL 32312</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>COSTIN, CHARLES A</b> <b>413 WILLIAMS AVE.</b> <b>PORT ST. JOE, FL 32457-0098</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>			TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</span>
NAME	ROWE, LEROY JR			NAME	CORAL REEF TRADING CO., INC
STREET ADDRESS	8845 GLEN ABBY DR.			STREET ADDRESS	8845 GLEN ABBY DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME	KING, CHRIS			NAME	
STREET ADDRESS	2950 WEST HIGHWAY 98			STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE, FL 32456			CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Leroy Rowe</i>				Date: <i>2-10-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					