


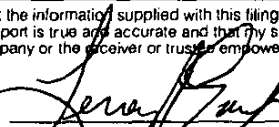
**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90143 027 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

60025516



<b>DOCUMENT # L04000077217</b>			
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 - No P.O. Box # <b>Calypso Tower 1, 15817 Front Beach Rd.</b>		3. Mailing Address <b>Calypso Tower 1, 15817 Front Beach Rd.</b>	
Suite, Apt. #, etc. <b>#1709 - EAST</b>		Suite, Apt. #, etc. <b>#1709 - EAST</b>	
City & State <b>Panama City Beach, FL</b>		City & State <b>Panama City Beach, FL</b>	
Zip <b>32413</b>	Country	Zip <b>32413</b>	Country
5. Name and Address of Current Registered Agent <b>COSTIN, CHARLES A 413 WILLIAMS AVE. PORT ST. JOE, FL 32457-0098</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
4. FEI Number <b>20-1970709</b>			
Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROWE, LEROY JR 8845 GLEN ABBY DR. TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KING, CHRIS 2950 WEST HIGHWAY 98 PORT ST. JOE, FL 32456</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CORAL REEF TRADING CO, INC 8845 GLEN ABBY DR TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: 		Date: <b>3-19-07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

**ORIGINAL**