

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000079375

1. Entity Name

OVERNIGHT DEVELOPMENT LLC



Principal Place of Business

15150 HILL COUNTRY ROAD
BROOKSVILLE, FL 34614

Mailing Address

15150 HILL COUNTRY ROAD
BROOKSVILLE, FL 34614



05012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0858851

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OVER, AMANDA KNIGHT
15150 HILL COUNTRY ROAD
BROOKSVILLE, FL 34614

**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

Amanda K. Over
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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
OVER, AMANDA KNIGHT
15150 HILL COUNTRY ROAD
BROOKSVILLE, FL 34614

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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1100000563218
05/20/06-80002-010 50.00

**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:

Amanda K. Over
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

352

5/1/06 799-7625