


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000003356  
 1. Entity Name  
 75801 OVERSEAS HIGHWAY LLC



Principal Place of Business REGIONS BANK TOWER 1555 PALM BEACH LAKES BLVD., SUITE 1510 WEST PALM BEACH, FL 33401	Mailing Address REGIONS BANK TOWER 1555 PALM BEACH LAKES BLVD., SUITE 1510 WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**



07122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2193940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TAPLIN, NORMAN E  
 REGIONS BANK TOWER  
 1555 PALM BEACH LAKES BLVD., SUITE 1510  
 WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 14, 2007**


U00000763071  
07/16/07-80012-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAPLIN, NORMAN E 1555 PALM BEACH LAKES BLVD., SUITE 1510 WEST PALM BEACH, FL 33401
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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:  DATE \_\_\_\_\_ DAYONE PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE