2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# L05000020051

Entity Name: OVERLOOK V, LLC

Current Principal Place of Business:

50 A1A NORTH, SUITE 101
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

50 A1A NORTH, SUITE 101
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-2410964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRANT, ABRAHAM, REITER, MCCORMICK, ET AL
50 NORTH LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BREWER, AMY M
50 A1A NORTH, SUITE 101
PONTE VEDRA BEACH, FL 32082 US

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: AMY M BREWER 07/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: POWERS, JOHN M
Address: 50 A1A NORTH SUITE 101
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR ( ) Change (X) Addition
Name: BURR, ED
Address: 10739 DEERWOOD PARK BLVD., SUITE 300
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN M POWERS MGR 07/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date