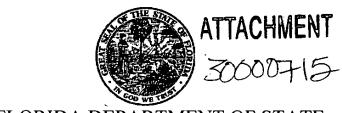
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 20, 2006 8:00 am Secretary of State 01-23-2006 90141 037 \*\*\*\*50.00

1. Entity Nam	MENT #L05000048 OK HOLDINGS, LLC	253					2006 90141 037	****50.00
Principal Place of Business Mailing Address 295 FIRST ST. SOUTH 295 FIRST ST. SOUTH WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880					3000715			
2. Priocipal P	Place of Business	3. Mailing Address	V C	Y 1.3	-			
Suite, Apt. #, etc. Suite, Apt. #, etc.				s.w	_			n iningi eti ritat
City & Stat		City & State 11			01092006		CR2E083 (11/0	Applied For
lilin	iter Haven. Hu	Wintert	tave	n FL	20-0	286 <i>5</i> 5	35 🗇	Not Applicable
<sup>zip</sup> 338	80 Country	33880	Coun	try `	5. Certificat	e of Status Desired	5 🛱 \$5.00 A	
	6. Name and Address of Current	Registered Agent		Namo	7. Name an	d Address of New	Registered Agent	
CASSIDY, PETER E 295 FIRST ST. SOUTH WINTER HAVEN, FL 33880				Street Address (P.O. Box Number is Not Acceptable) 350 AVE K SW Ste 103				
******	#**E**, * E 55555			City	er Have		FL Zip Ca	ode
8. The above	named entity submits this statement fo	r the purpose of changing it	s registere	Win to	· · · · · · · · · · · · · · · · · · ·		. – .	h, and accept
the obligate	tions of registered agent.							•
SIGNATURE	Signature, typed or printed name of regretared agent	and five if applicable. (NO	TE: Registered	d Agent signature require	d when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2008							ake check payable to Ida Department of St	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITION	IS/CHANGES	
name	MGR CASSIDY, PETER E	☐ Delete	TITLE				Change	Addition
STREET ACCRESS CITY-ST-ZIP	295 FIRST ST, SOUTH WINTER HAVEN, FL 33880			ET ADORESS -ST-ZIP				
ग्राप	MGR	☐ Deficto	TITLE				Change	Addition
NAME STREET ADDRESS	CARTER, JERRY L 275 LAKE LINK RD.		name Stree	ET ADORESS				
CITY-ST-ZIP	WINTER HAVEN, FL 33884		_	ST-ZIP				
NAME		Delete	TITLE NAME	:			Change	☐ Addition
STREET ADORESS CITY-ST-ZIP				FT ADORESS · ST-20P				
TITLE	-	Delete	TIFLE		· <u>-</u>	~-	Change	Addition :
STREET ADDRESS CITY-ST-ZIP				ET ADORESS ST-ZIP				
TITLE NAME		☐ Delete	TITLE	- 1			Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADORESS				
TITLE		☐ Delete	ture	ST-ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				ET ADORESS ST-ZIP				
DezBorni	certify that the information supplied with on this report is true and accurate and billity company of the receiver or trustee	that my signature shall have	the same	legateffect as if r	nade under cat	h: that iam a man	further certify that the in aging member or manage	formation ger of the
						[.]	<b>~</b>	
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	SICKING MUNICIPAL MA	MAGER, OR	AUTHORIZED REPREBI	ENTATIVE	7 /U/	Jandina Province	1062



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2006

OVERLOOK HOLDINGS, LLC 250 AVE K. SW 103 WINTER HAVEN, FL 33880

Subject: OVERLOOK HOLDINGS, LLC

Reference Number:

T-05000048253

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION