

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000075415

Entity Name: ENGLUND & OVERTON, LLC

**FILED**  
**Feb 14, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

12125 N. 56TH STREET  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

12125 N. 56TH STREET  
TAMPA, FL 33617

**New Mailing Address:**

FEI Number: 20-3248455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NORMAN, CHRISTOPHER H  
315 SOUTH HYDE PARK AVENUE  
HINES NORMAN HINES, P.L.  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: ENGLUND, GARY A  
Address: 12125 NORTH 56TH STREET  
City-St-Zip: TAMPA, FL 33617 US

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: GARY A. ENGLUND

PRES

02/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date