

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034597

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: PHOENICIA OVERSTREET, LLC

**Current Principal Place of Business:**

7932 W. SAND LAKE ROAD, SUITE 102  
ORLANDO, FL 32819

**New Principal Place of Business:**

7932 W. SAND LAKE ROAD  
102  
ORLANDO, FL 32819

**Current Mailing Address:**

7932 W. SAND LAKE ROAD, SUITE 102  
ORLANDO, FL 32819

**New Mailing Address:**

7932 W. SAND LAKE ROAD  
102  
ORLANDO, FL 32819

FEI Number: 20-8938267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PAGE, CHRISTINA M ESQ.  
7932 W. SAND LAKE ROAD, SUITE 204  
ORLANDO, FL 32819 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: MGR ( ) Delete  
Name: HARB, A. TOM  
Address: 7932 W. SAND LAKE ROAD, SUITE 102  
City-St-Zip: ORLANDO, FL 32819

Title: MGR ( ) Delete  
Name: HARB, SUZANE  
Address: 7932 W. SAND LAKE ROAD, SUITE 102  
City-St-Zip: ORLANDO, FL 32819

Title: MGR ( ) Delete  
Name: JEBAILEY, RAQUEL  
Address: 7932 W. SAND LAKE ROAD, SUITE 102  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TOM HARB

MGR

01/16/2009

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