## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L07000091957



FILED Apr 21, 2008 8:00 am Secretary of State

1. Entity Name CERTUS DEVELOPMENT-OVERVUE, LLC							04-21-2008 90304 009 ***138.75				
Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 190 HEATHROW, FL 32746			Mailing Address 300 International Parkway, Suite 190 Heathrow, FL 32746		\$600 <b>2</b> 5432						
2. Principal Pl	ace of Busin	ess - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		•	01032008	Chg-LLC	CR2E08	3 (12/06)		
City & State			City & State			4. FEI Numb	28470	1	_ <del> · ·</del>	olied For Applicable	
Zip	Country		Zip Country			5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
PAWLOWSKI, GLEN 300 INTERNATIONAL PARKWAY, SUITE 190 HEATHROW, FL 32746					Name  Street Address (P.O. Box Number is Not Acceptable)						
			· They	City		_		FL	Zip Code		
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											
		FEE IS \$138.75 Fee will be \$538.75				Florid	re check pa a Departme	nt of State			
9.	.,,	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGES			
NAME STREET ADDRESS CITY-ST-ZIP	300 INTE	IC COROPRATION RNATIONAL PARKWAY DW, FL 32746	□ Delete , SUITE 190	TITLE NAME STREET ADDRES CITY-ST-ZIP	s 201	AMARIC Osprey	CORP. Hammock 7 12 32771		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 INTE	OUP, INC. RNATIONAL PARKWAY OW, FL 32746	□ Delete , SUITE 190	TITLE NAME STREET ADDRES	MG1 DJ2 1869	R TW GRO I Lake	oup, INC Markham		Ø Change Ie Tra	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ ~		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		yora,	FL 32771		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete <sub>.</sub>	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	No.		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	مرازان دار		☐ Delete  this fiting does not qualify to	TITLE NAME STREET ADDRES CITY-ST-ZIP		lin Charter 11	) Florido Clatistas		☐ Change	Addition	

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 provides empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

407.333.9916