

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006616

1. Entity Name
 OMNI CIRCUITS INTERNATIONAL OF FLORIDA, LLC



Principal Place of Business
 15261 TELCOM DRIVE
 SPRING HILL, FL 34604

Mailing Address
 15261 TELCOM DRIVE
 SPRING HILL, FL 34604



05042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2550020	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JARQUE, GREG
 15261 TELCOM DR.
 BROOKSVILLE, FL 34604

DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

~~Signature fee is \$50.00 due by September 8, 2004~~

1100000158761
 05/10/04-80002-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	JARQUE, GREG
STREET ADDRESS	15261 TELCOM DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34604

TITLE	P
NAME	HAGLAND, SCOTT
STREET ADDRESS	20 PEACHTREE CT
CITY-ST-ZIP	HOLBROOK, NY 11741

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

5-4-03

Date

382-7999927

Daytime Phone #