


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000013818  
 1. Entity Name  
 OMEGA WAREHOUSE, LLC



Principal Place of Business 999 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134	Mailing Address 999 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-1549445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CARLOS, THOMAS P  
 999 PONCE DE LEON BLVD., SUITE 1000  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLOS, THOMAS P 999 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLOS, PETER T 999 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134
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 02/29/08-80027-011 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Thomas P. Carlos (Thomas P. Carlos)* 1/31/08 305 444 1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #