


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90007 014 ****50.00

DOCUMENT # L01000009902

1. Entity Name
OMNI DISPLAYS, LLC



Principal Place of Business 15261 TELCOM DR SPRING HILL, FL 34604	Mailing Address 15261 TELCOM DR SPRING HILL, FL 34604
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44074003



DO NOT WRITE IN THIS SPACE

05042004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2326060	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

JARQUE, GREG
15201 TELCOM DR.
BROOKSVILLE, FL 34604

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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  DATE _____

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


Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGLAND, SCOTT 20 PEACHTREE COURT HOLBROOK, NY 11741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JARQUE, GREG 15261 TELCOM DR SPRING HILL, FL 34604
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **5/14/04** **352-7999997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #