

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001336 1. Entity Name OMNI LEASING OF CENTRAL FLORIDA, LTD.					
Principal Place of Business 1702 HOFFNER AVENUE ORLANDO, FL 32809			Mailing Address 1702 HOFFNER AVENUE ORLANDO, FL 32809		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04072005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3667146				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BITTERMAN, JOHN W JR. 1702 HOFFNER AVENUE ORLANDO, FL 32809				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$15,800,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	BITTERMAN, JOHN W., JR. TRUSTEE		CITY-ST-ZIP		
CITY-ST-ZIP	1702 HOFFNER AVENUE ORLANDO, FL 32809				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	BITTERMAN, NANCY L TRUSTEE		CITY-ST-ZIP		
CITY-ST-ZIP	1702 HOFFNER AVENUE ORLANDO, FL 32809				
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CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <u>Nancy L Bitterman</u> <u>4-15-05</u> <u>407.851-5859</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>			U00000336000 04/27/05-80100-011 526.25		

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