


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001336</b> 1. Entity Name <b>OMNI LEASING OF CENTRAL FLORIDA, LTD.</b>	
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Principal Place of Business <b>1702 HOFFNER AVENUE ORLANDO, FL 32809</b>	Mailing Address <b>1702 HOFFNER AVENUE ORLANDO, FL 32809</b>
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**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-LP

CR2E003 (11/05)

4. FEI Number <b>59-3667146</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>BITTERMAN, JOHN W JR. 1702 HOFFNER AVENUE ORLANDO, FL 32809</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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	
DOCUMENT #	
NAME	<b>BITTERMAN, JOHN W., JR. TRUSTEE</b>
STREET ADDRESS	<b>1702 HOFFNER AVENUE</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32809</b>
DOCUMENT #	
NAME	<b>BITTERMAN, NANCY L TRUSTEE</b>
STREET ADDRESS	<b>1702 HOFFNER AVENUE</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32809</b>
DOCUMENT #	
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05/02/06-80139-003 500.00

STAPLE CHECK HERE

**DO NOT WRITE  
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Nancy L Bitterman 4/17/06 407.857-5859  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #