


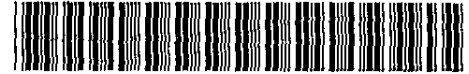
**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**

**Jun 10, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT #</b> A96000000521	
1. Entity Name <b>OMEGA 40 LIMITED</b>	

Principal Place of Business <b>1 S. KINGS ROAD ORMOND BEACH FL 32174</b>	Mailing Address <b>1 SOUTH OLD KINGS ROAD ORMOND BEACH FL 32174</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent <b>XYNIDIS, STEVE N 1 S. KINGS ROAD ORMOND BEACH FL 32174</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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

**11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record. **\$51,366.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

**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
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**U00000369447  
06/10/05-80010-002 141.25**

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/20/05 386-672-4080**  
Date Daytime Phone #

STAPLE CHECK HERE