


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000000521 1. Entity Name OMEGA 40 LIMITED	
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Principal Place of Business 1 S. KINGS ROAD ORMOND BEACH FL 32174	Mailing Address 1 SOUTH OLD KINGS ROAD ORMOND BEACH FL 32174
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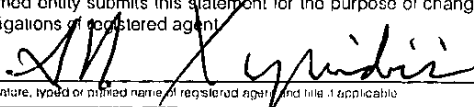


2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/06)

4. FEI Number 59-1900225		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 XYNIDIS, STEVE N 1 S. KINGS ROAD ORMOND BEACH FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

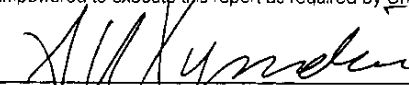
SIGNATURE  3/7/07
Signature, typed or printed name of registered agent, and title if applicable DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 CITY-ST-ZIP	XYNIDIS, STEVE 1 S. KINGS ROAD ORMOND BEACH FL 32174	STREET ADDRESS CITY-ST-ZIP	
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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:  3/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

STAPLE CHECK HERE