

2008

LIMITED PARTNERSHIP ANNUAL REPORT

For Office Use Only
FILED
DO NOT WRITE IN THIS SPACE
TALLAHASSEE, FLORIDA

08 MAY -7 AM 8:01

DOCUMENT #A96 000000521

1. Entity Name

Omega 40 Limited



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

1 South Old Kings Rd

Suite, Apt. #, etc.

Ormond Beach, FL 32118

City & State

3. Mailing Address

521 N. Halifax Ave

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32118

Country

Volusia

Zip

32118

Country

Volusia

CR2E003B (5/07)

DUE BY MAY 1

4. FEI Number

59-1900 225

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6.

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

11. Jan. - May 1 Fee is \$500.00
After May 1 Fee is \$900.00

MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

CITY-ST-ZIP

A-960000051
Steve N. Xynidis, Gen. Partner
1 South Old Kings Rd
Ormond Beach, FL 32118

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

000128678420
05/07/08--01005--004 **500.00

DO NOT WRITE
IN THIS SPACE

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:

Steve N. Xynidis, Gen. Partner

4/28/08

386-252-2018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE