

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009901

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: OMNI COMPUTERS DIRECT, LLC

## Current Principal Place of Business:

15261 TELCON DR  
SPRING HILL, FL 34604

## New Principal Place of Business:

15261 TELCOM DR  
SPRING HILL, FL 34604

## Current Mailing Address:

15261 TELCON DR  
SPRING HILL, FL 34604

## New Mailing Address:

15261 TELCOM DR  
SPRING HILL, FL 34604

FEI Number: 52-2326057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VARQUE, GREG  
15261 TELCON DR.  
BROOKSVILLE, FL 34604 US

## Name and Address of New Registered Agent:

JARQUE, GREG  
15261 TELCON DR.  
BROOKSVILLE, FL 34604 US

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.

SIGNATURE: GREGORY JARQUE

04/12/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: HAGLAND, SCOTT  
Address: 20 PEACHTREE COURT #202  
City-St-Zip: HOLBROOK, NY 11741

Title: MGR ( ) Delete  
Name: JARQUE, GREG  
Address: 15261 TELCON DR  
City-St-Zip: SPRING HILL, FL 34604

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GREGORY JARQUE

PRES

04/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date