


# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 31 AM 8:33

<b>DOCUMENT # L01000009902</b> 1. Entity Name <b>OMNI DISPLAYS, LLC</b>					
Principal Place of Business <b>15261 TELCOM DR SPRING HILL, FL 34604</b>			Mailing Address <b>15261 TELCOM DR SPRING HILL, FL 34604</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05102005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number <b>52-2326060</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JANQUE, GREG 15201 TELCOM DR. BROOKSVILLE, FL 34604</b>			7. Name and Address of New Registered Agent Name <b>XAVIER JARQUE</b> Street Address (P.O. Box Number is Not Acceptable) <b>15261 TELCOM DR.</b> City <b>BROOKSVILLE</b> <b>FL</b> Zip Code <b>34604</b>		
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 <u>X Xavier Jarque</u> (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Amended AR is \$50.00</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGLAND, SCOTT 15261 TELCOM DRIVE BROOKSVILLE, FL 34604	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JARQUE, GREG (INCORRECT) 15261 TELCOM DR SPRING HILL, FL 34604	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR XAVIER JARQUE 15261 TELCOM DR. BROOKSVILLE, FL 34604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900056391759 06/21/05--01036--008    **\$5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 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: <u>X Xavier Jarque</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date _____    Daytime Phone # _____					