

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009902

Entity Name: OMNI DISPLAYS, LLC

**FILED**  
**Feb 19, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

15261 TELCOM DR  
SPRING HILL, FL 34604

**New Principal Place of Business:**

**Current Mailing Address:**

15261 TELCOM DR  
SPRING HILL, FL 34604

**New Mailing Address:**

FEI Number: 52-2326060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JARQUE, XAVIER  
15261 TELCOM DRIVE  
BROOKSVILLE, FL 34604 US

**Name and Address of New Registered Agent:**

JARQUE, CHRISTINE  
15261 TELCOM DRIVE  
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: CHRISTINE JARQUE

02/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JARQUE, XAVIER  
Address: 15261 TELCOM DRIVE  
City-St-Zip: BROOKSVILLE, FL 34604

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JARQUE, CHRISTINE  
Address: 15261 TELCOM DRIVE  
City-St-Zip: BROOKSVILLE, FL 34604

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHRISTINE JARQUE

MRS

02/19/2007

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