

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90039 027 ****50.00

DOCUMENT # L02000017009

1. Entity Name
OMG PARTNERS, L.L.C.



Principal Place of Business
**8604 MINDICH COURT
ORLANDO, FL 32819**

Mailing Address
**8604 MINDICH COURT
ORLANDO, FL 32819**

24001573



2. Principal Place of Business

405 E. Robinson St.

Suite, Apt. #, etc.

Ste. 420

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Address

405 E. Robinson St.

Suite, Apt. #, etc.

Ste. 420

City & State

Orlando, FL

Zip

32801

Country

USA

01082004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

54-2063812

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHAPNICK, BRUCE P ESQ.
%ICARD, MERRILL, CULLIS, TIMM, FUREN & GIN
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237**

7. Name and Address of New Registered Agent

Name

H. Blaine Strickland

Street Address (P.O. Box Number is Not Acceptable)

405 E. Robinson St.

Ste. 420

City

Orlando

FL

Zip Code

32801

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

H. Blaine Strickland

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

(NOTE: Registered Agent signature required when reinstating)

1/9/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
STRICKLAND, H. BLAINE
8604 MINDICH COURT
ORLANDO, FL 32819**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
STRICKLAND, THOMAS L
4119 BAYSHORE BOULEVARD NE
SAINT PETERSBURG, FL 33703**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

H. Blaine Strickland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/9/04

Date

407-843-7070

Daytime Phone #