

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000017009

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



Principal Place of Business Mailing Address
605 E. ROBINSON ST.
STE. 420
ORLANDO, FL 32801 605 E. ROBINSON ST.
STE. 420
ORLANDO, FL 32801



02222005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
54-2063812 Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, H. BLAINE
605 E. ROBINSON ST.
STE. 400
ORLANDO, FL 32801

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STRICKLAND, H. BLAINE
STREET ADDRESS	8604 MINDICH COURT
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	MGRM
NAME	STRICKLAND, THOMAS L
STREET ADDRESS	4119 BAYSHORE BOULEVARD NE
CITY - ST - ZIP	SAINT PETERSBURG, FL 33703
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/07/05-80021-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3/2/05

Date

Daytime Phone #