



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000033334 1. Entity Name OMNI CAPITAL MANAGEMENT, LLC		
Principal Place of Business 118 WEST ORANGE STREET ALTAMONTE SPRINGS, FL 32714	Mailing Address 118 WEST ORANGE STREET ALTAMONTE SPRINGS, FL 32714	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KELLEY & GOLDBERG, LLP 1840 SW 22ND ST. 118 WEST ORANGE ST ALTAMONTE SPRINGS, FL 32714		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLIVOS, JAMES 118 WEST ORANGE STREET ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLIVOS, JACLYN 118 WEST ORANGE STREET ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		3-31-05 Date 407 647-4463 Daytime Phone #



03302005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0757164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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