

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033334

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: OMNI CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:**

475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

4044 WEST LAKE MARY BLVD  
#104-426  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 01-0757164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLEY & GOLDBERG, LLP  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 US

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

KELLEY, GOLDBERG, LEACH & COHN PL  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 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: STEPHEN COHN

03/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OLIVOS, JAMES  
Address: 4044 WEST LK MARY BLVD 104-426  
City-St-Zip: LAKE MARY, FL 32746

Title: MGR (X) Delete  
Name: OLIVOS, JACLYN  
Address: 4044 WEST LAKE MARY BLVD 104-426  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES OLIVOS

MGR

03/08/2007

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