

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002609

Entity Name: OMNI ENTERPRISES LLC

FILED
Aug 01, 2006
Secretary of State

Current Principal Place of Business:

3251 SKYVIEW DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

2912 BRANDEMERE DRIVE
TALLAHASSEE, FL 32312

Current Mailing Address:

3251 SKYVIEW DRIVE
TALLAHASSEE, FL 32303

New Mailing Address:

2912 BRANDEMERE DRIVE
TALLAHASSEE, FL 32312

FEI Number: 30-0144448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OSTERYOUNG, JEROME S JR.
3251 SKYVIEW DRIVE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

OSTERYOUNG, JEROME S JR.
2912 BRANDEMERE DRIVE
TALLAHASSEE, FL 32312 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: JEROME S OSTERYOUNG JR.

08/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OSTERYOUNG, JEROME S JR.
Address: 3251 SKYVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OSTERYOUNG, JEROME S JR.
Address: 2912 BRANDEMERE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

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: JEROME S OSTERYOUNG JR.

MGRM

08/01/2006

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