

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90077 030 ****50.00

DOCUMENT # L03000008667					
1. Entity Name ONMI REAL ESTATE, L.C.					
Principal Place of Business 3430 B TAMiami TRAIL STE B PORT CHARLOTTE, FL 33952			Mailing Address C/O DAVID A. HOLMES, ESQ P.O. DRAWER 511447 PUNTA GORDA, FL 33951-1447		
2. Principal Place of Business		3. Mailing Address 3430 TAMiami TRAIL			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE B			
City & State		City & State PORT CHARLOTTE, FL		02092006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 05-0561045	
Zip 33952		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMES, DAVID A ESQ FARR FARR EMERICH SIFRIT HACKETT AND CARR 99 NESBIT STREET PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name JAMES WHITE Street Address (P.O. Box Number is Not Acceptable) 3430 TAMiami TRAIL, STE B City PORT CHARLOTTE FL Zip Code 33952		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JAMES E 21229 OLEAN BLVD STE B PORT CHARLOTTE, FL 33952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, SARAH 21229 OLEAN BLVD STE B PORT CHARLOTTE FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					