## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044460

Entity Name: OMEGA DERIVATIVES, LLC

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

102 NE 2ND STREET 9849 BAYWINDS DRIVE

#199 APT. #8208

BOCA RATON, FL 33432 US WEST PALM BEACH, FL 33411 US

Current Mailing Address: New Mailing Address:

102 NE 2ND STREET 9849 BAYWINDS DRIVE

#199 APT. #8208

BOCA RATON, FL 33432 US WEST PALM BEACH, FL 33411 US

FEI Number: 57-1195815 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: TUCCILLO, NICOLE Name: TUCCILLO, NICOLE

 Address:
 102 NE 2ND STREET, #199
 Address:
 9849 BAYWINDS DRIVE APT. #8208

 City-St-Zip:
 BOCA RATON, FL 33432 US
 City-St-Zip:
 WEST PALM BEACH, FL 33411 US

Title: ( ) Delete Title: MGRM ( ) Change (X) Addition

Name: Name: WACHS, JEFFREY

Address: Address: 9849 BAYWINDS DRIVE APT. #8208
City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33411 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICOLE D. TUCCILLO MGRM 04/30/2005