

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000004931	
1. Entity Name OMEGA PROPERTIES, LLC	

Principal Place of Business 25 W GOVERNMENT ST PENSACOLA, FL 32501	Mailing Address P.O. BOX 1172 PENSACOLA, FL 32591
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03292008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0616491	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMPSON, CLARK 700 S PALAFOX ST SUITE 245 PENSACOLA, FL 32502
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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

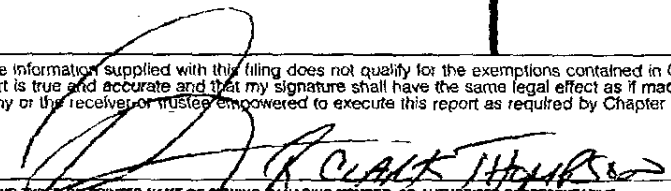
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, CLARK R 700 S PALAFOX ST, STE 245 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, PAMELA R 700 S PALAFOX ST, STE 245 PENSACOLA, FL 32502
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04/13/06-80079-007 50.00

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:  **3/27/06** **(055)432-8**
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #