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	Mailing Address
25 W GOVERNMENT ST PENSACOLA, FL 32501	P.O. BOX 1172 PENSACOLA, FL 32591

03282006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0616491

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, CLARK
700 S PALAFOX ST
SUITE 245
PENSACOLA, FL 32502

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THOMPSON, CLARK R
STREET ADDRESS	700 S PALAFOX ST, STE 245
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	MGRM
NAME	THOMPSON, PAMELA R
STREET ADDRESS	700 S PALAFOX ST, STE 245
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: R CLARK THOMPSON 3/27/06 (850)432-8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #