

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004931

Entity Name: OMEGA PROPERTIES, LLC

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

25 W GOVERNMENT ST
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1172
PENSACOLA, FL 32591

New Mailing Address:

FEI Number: 20-0616491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

THOMPSON, R. CLARK MGRM
700 S PALAFOX ST
SUITE 245
PENSACOLA, FL 32502 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: R. CLARK THOMPSON

01/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMPSON, CLARK R
Address: 700 S PALAFOX ST, STE 245
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM () Delete
Name: THOMPSON, PAMELA R
Address: 700 S PALAFOX ST, STE 245
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMPSON, R. CLARK MGRM
Address: 700 S PALAFOX ST, STE 245
City-St-Zip: PENSACOLA, FL 32502

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: R. CLARK THOMPSON

MGRM

01/13/2009

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