

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90075 025 \*\*\*\*50.00

**DOCUMENT # L04000020690**

1. Entity Name  
**OMNI -2-, LLC**



Principal Place of Business

~~1 FARRADAY LANE, SUITE 2F~~  
~~PALM COAST, FL 32137~~

Mailing Address

~~1 FARRADAY LANE, SUITE 2F~~  
~~PALM COAST, FL 32137~~

**20034926**



2. Principal Place of Business

**8264 SPYGLASS DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**8264 SPYGLASS DRIVE**

Suite, Apt. #, etc.

04132005 Chg-LLC CR2E083 (10/03)

City & State

**WEST PALM BEACH FL**

City & State

**WEST PALM BEACH, FL**

4. FEI Number

**56-2447407**

Applied For

Not Applicable

Zip

Country

**33412-2433 USA**

Zip

Country

**3341-2433 USA**

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

6. Name and Address of Current Registered Agent

**KATZ, B. PAUL**  
**1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE**  
**PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Julien Gould*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/05**

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **GOULD, JO ANN**  
STREET ADDRESS **1 FARRADAY LANE, SUITE 2F**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **GOULD, JO ANN**  
STREET ADDRESS **8264 SPYGLASS DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 3341-2433**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Julien Gould*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**4/14/05**

Daytime Phone #