


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90048 030 ****50.00

DOCUMENT # L04000026157	
1. Entity Name OMNICON, L.L.C.	

Principal Place of Business 4588 HIGHWAY 20 EAST, SUITE B NICEVILLE, FL 32578	Mailing Address 4588 HIGHWAY 20 EAST, SUITE B NICEVILLE, FL 32578
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2. Principal Place of Business 101-A Business Centre Dr.	3. Mailing Address 101-A Business Centre
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Destin, FL	City & State Destin, FL
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Zip 32550	Country USA	Zip 32550	Country USA
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14016721

01212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2378047	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEUCHTMAN, GARY B 501 COMMENDENCIA STREET PENSACOLA, FL 32502	7. Name and Address of New Registered Agent Name Neese, Herman L. Jr. 101-A Business Centre Drive Destin, FL 32550
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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 <i>Herman L. Neese Jr.</i>	DATE <i>4/26/05</i>
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. MGRM		CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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 60B, Florida Statutes.	
SIGNATURE: <i>Herman L. Neese Jr.</i>	Authorized Rep. <i>4/26/05</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date	Daytime Phone # 8502692678