

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046680

FILED  
Apr 24, 2005  
Secretary of State

**Entity Name:** THE OMNIONE MORTGAGE GROUP, LLC

**Current Principal Place of Business:**

160 INTERNATIONAL PARKWAY, SUITE 140  
HEATHROW, FL 32746

**New Principal Place of Business:**

160 INTERNATIONAL PARKWAY, SUITE 150  
HEATHROW, FL 32746

**Current Mailing Address:**

160 INTERNATIONAL PARKWAY, SUITE 140  
HEATHROW, FL 32746

**New Mailing Address:**

160 INTERNATIONAL PARKWAY, SUITE 150  
HEATHROW, FL 32746

**FEI Number:** 33-1093150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUFORD, CAROL A  
160 INTERNATIONAL PKWY., STE 150  
HEATHROW, FL 32746 US

**Name and Address of New Registered Agent:**

WRIGHT, EVE ATTY  
160 INTERNATIONAL PKWY., STE 150  
HEATHROW, FL 32746 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: EVE WRIGHT

04/24/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BUFORD, CAROL A.J.  
Address: 160 INTERNATIONAL PARKWAY, E140  
City-St-Zip: HEATHROW, FL 32746

Title: MGR ( ) Delete  
Name: BUFORD, CARL  
Address: 160 INTERNATIONAL PARKWAY, E140  
City-St-Zip: HEATHROW, FL 32746

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BUFORD, CAROL A.J.  
Address: 160 INTERNATIONAL PARKWAY, E140  
City-St-Zip: HEATHROW, FL 32746

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL A.J. BUFORD

MGRM

04/24/2005

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