

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049556

Entity Name: OMNI-CORE, LLC

FILED
Jun 04, 2005
Secretary of State

Current Principal Place of Business:

1971 W. LUMSDEN RD.
SUITE #309
BRANDON, FL 335118820 US

New Principal Place of Business:

1022 PINE RIDGE CIRCLE
BRANDON, FL 335118820 US

Current Mailing Address:

1971 W. LUMSDEN RD.
SUITE #309
BRANDON, FL 335118820 US

New Mailing Address:

3837 GREEN DOLPHIN DR
PALM HARBOR, FL 346844204 US

FEI Number: 20-0980209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SAMUEL, MIKE A
1971 W. LUMSDEN RD.
SUITE #309
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

SAMUEL, MIKE A
3837 GREEN DOLPHIN DR
PALM HARBOR, FL 346844204 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: MIKE SAMUEL

06/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SAMUEL, MIKE A
Address: 1971 W. LUMSDEN RD.
City-St-Zip: SUITE #309, F 33511 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAMUEL, MIKE A
Address: 3837 GREEN DOLPHIN DR
City-St-Zip: PALM HARBOR, F 346844204 US

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: MIKE SAMUEL

MGRM

06/04/2005

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