

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049556

Entity Name: OMNI-CORE, LLC

FILED  
Jul 14, 2006  
Secretary of State

**Current Principal Place of Business:**

3837 GREEN DOLPHIN DR  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

1022 PINE RIDGE CIRCLE  
BRANDON, FL 33511 US

**Current Mailing Address:**

3837 GREEN DOLPHIN DR  
PALM HARBOR, FL 346844204 US

**New Mailing Address:**

1022 PINE RIDGE CIRCLE  
BRANDON, FL 33511 US

FEI Number: 20-1205568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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  
3837 GREEN DOLPHIN DR  
PALM HARBOR, FL 346844204 US

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

SAMUEL, MIKE A  
1022 PINE RIDGE CIRCLE  
BRANDON, FL 33511 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

07/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SAMUEL, MIKE A  
Address: 1022 PINE RIDGE CIRCLE  
City-St-Zip: BRANDON, FL 33511 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE SAMUEL

MGMR

07/14/2006

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