

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051825

Entity Name: OMAGUS LLC

FILED
Feb 02, 2007
Secretary of State

Current Principal Place of Business:

901 S STATE ROAD 7
SUITE PH400
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

901 S STATE ROAD 7
SUITE PH400
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 20-1359472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWEN, JERMAINE MR
901 S STATE ROAD 7
SUITE: PH400
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

BOWEN, JERMAINE DR
901 S STATE ROAD 7
SUITE: PH400
HOLLYWOOD, FL 33023 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: DR. JERMAINE BOWEN

02/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANDERSON, CARLA MS
Address: 901 S STATE ROAD 7, SUITE PH400
City-St-Zip: HOLLYWOOD, FL 33023 US

Title: MGR () Delete
Name: BOWEN, JERMAINE MR
Address: 901 S STATE ROAD 7, SUITE PH400
City-St-Zip: HOLLYWOOD, FL 33023 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BOWEN, JERMAINE DR
Address: 901 S STATE ROAD 7, SUITE PH400
City-St-Zip: HOLLYWOOD, FL 33023 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: DR. JERMAINE BOWEN

MGR

02/02/2007

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