
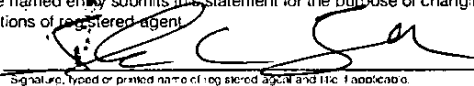
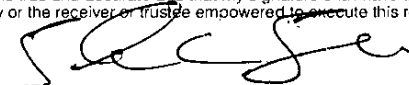


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90109 020 ****55.00

DOCUMENT # L04000061250 1. Entity Name OMNI BERRY, LC					
Principal Place of Business 2520 SAND MINE ROAD DAVENPORT, FL 33897			Mailing Address 2520 SAND MINE ROAD DAVENPORT, FL 33897		
2. Principal Place of Business		3. Mailing Address PO Box 725			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Kathy McDaniel			
City & State		City & State Windermere FL		4. FEI Number 20-2652716	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip 34786-0725		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent FLOYD, THOMAS C 1556 SIXTH STREET S.E. WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name Floyd, Thomas C. Street Address (P.O. Box Number is Not Acceptable) 2520 Sand Mine Road City Davenport FL Zip Code 33897		
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  Thomas C. Floyd 4-12-05 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. FLOYD, THOMAS 2520 SAND MINE ROAD DAVENPORT, FL 33897 <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	
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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	
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 608, Florida Statutes.					
SIGNATURE: 			Thomas C. Floyd/MGR 4-12-05 (863)420-6699		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Day to Phone #</small>		