


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L04000061250 1. Entity Name OMNI BERRY, LC	
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Principal Place of Business 2520 SAND MINE ROAD DAVENPORT, FL 33897	Mailing Address P.O. BOX 725 ATTN: KATHY MCDANIEL WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2652716	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLOYD, THOMAS C
 2520 SAND MINE ROAD
 DAVENPORT, FL 33897

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

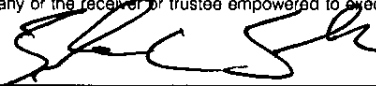
U000000901452
 04/29/08-80070-001 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLOYD, THOMAS 2520 SAND MINE ROAD DAVENPORT, FL 33897
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/24/08 (863)420-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #