



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90020 045 ****55.00

DOCUMENT # L04000074775					
1. Entity Name OMEGA FRAMING LLC					
Principal Place of Business 451 E CREEKVIEW DR WEWAHITCHKA, FL 32465 US			Mailing Address 451 E CREEKVIEW DR WEWAHITCHKA, FL 32465 US		
2. Principal Place of Business 251 LONG MEADOW DR. Suite, Apt. #, etc.		3. Mailing Address 251 LONG MEADOW DR. Suite, Apt. #, etc.			
City & State WEWAHITCHKA FL		City & State WEWAHITCHKA, FL		4. FEI Number 32-0128704	
Zip 32465		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMSTRONG, KENNETH W 451 E CREEKVIEW DR WEWAHITCHKA, FL 32465			7. Name and Address of New Registered Agent Name <u>ARMSTRONG KENNETH W.</u> Street Address (P.O. Box Number is Not Acceptable) <u>251 LONG MEADOW DR.</u> City <u>WEWAHITCHKA</u> <u>FL</u> Zip Code <u>32465</u>		
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 <u>Kenneth W Armstrong</u> <u>KENNETH W ARMSTRONG</u> <u>4-30-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARMSTRONG, KENNETH W 451 E CREEKVIEW DR WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Armstrong, Kenneth W 251 Long meadow Drive WeWAhitchka, Florida 32465 <input checked="" 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
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
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 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: <u>Kenneth W Armstrong</u> <u>KENNETH W ARMSTRONG</u> <u>4-30-06</u> <u>850 639-2245</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					