## 2006 LIMITED LIABILITY COMPANY

indicated on this report is

the receiver o

limited liability company

## Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000088978** 04-24-2006 90047 022 \*\*\*\*50.00 1. Entity Name JOURNET, LLC Principal Place of Business Mailing Address 4861 SOUTH ORANGE AVENUE, SUITE B 4861 SOUTH ORANGE AVENUE, SUITE B ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04182006 Cha-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 02-0736151 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BROOKS, JOANNA** Street Address (P.O. Box Number is Not Acceptable) 4861 SOUTH ORANGE AVENUE, SUITE B ORLANDO, FL 32806 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE **Delete** TITLE Change ☐ Addition OMEGA SENIOR PARTNERS LIMITED, INC NAME NAME STREET ADDRESS 4861 S ORANGE AVE STE B STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE ☐ Delete Change ☐ Addition NAME FRESONKE, DEAN NAME STREET ADDRESS STREET ADDRESS 800 WEST 2ND AVE CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP Delete . r Tacmile Change TITLE omega Development Partners 4861's arange are ste B MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

ue and accurate and that my signature stall have the same legal effect as if made under oath, that I am a managing member or manager of the the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED