

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000047665

1. Entity Name
OMEGA-2, LLC



Principal Place of Business
2410 LAKEFAIR DRIVE
TALLAHASSEE, FL 32317

Mailing Address
2410 LAKEFAIR DRIVE
TALLAHASSEE, FL 32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282006 Chg-LLC CR2E083 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DALLAS C PH.D.
2410 LAKEFAIR DRIVE
TALLAHASSEE, FL 32317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WILLIAMS, DALLAS C PH.D.
STREET ADDRESS 2410 LAKEFAIR DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE MGRM ☐ Delete
NAME WILLIAMS, HARIETT N
STREET ADDRESS 2410 LAKEFAIR DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000068105840
CITY-ST-ZIP 03/20/06--01020--024 **50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Dallas C. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2006 FEB 28 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

