

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115901

Entity Name: OMNIEVENTS, LLC

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

872 MEDICAL COMMONS COURT
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 451
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 20-4384739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, KARI
872 MEDICAL COMMONS COURT
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DIR () Delete
Name: ALEXANDER, KARI
Address: 872 MEDICAL COMMONS COURT
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KARI ALEXANDER

DIR

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date