2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L05000122133

Entity Name: OMEGA DEVELOPMENT PARTNERS, LLC

Current Principal Place of Business:

6040 S ORANGE AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6040 S. ORANGE AVENUE
ORLANDO, FL 32809

New Mailing Address:

6040 S ORANGE AVE
ORLANDO, FL 32809

FEI Number: 20-4965776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKS, JOANNA F
6040 S ORANGE AVE
ORLANDO, FL 32809 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: MGRM ( ) Delete
Name: BROOKS, JOANNA F
Address: 6040 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32809

Title: MGRM ( ) Delete
Name: MUSZYNSKI, KAREN A
Address: 6040 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32809

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: MUSZYNSKI, KAREN A VP
Address: 6040 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32809

Title: MGRM ( ) Change (X) Addition
Name: PEREZ, ALFONSO J
Address: 6040 S. ORANGE AVE
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify 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: ALFONSO J PEREZ MGRM 04/29/2009

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