

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000014937

1. Entity Name

OMEGA DESIGN/BUILD GROUP, LLC



Principal Place of Business

590 WELLS RD SUITE 2
ORANGE PARK, FL 32073

Mailing Address

590 WELLS RD SUITE 2
ORANGE PARK, FL 32073



04302008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1714246

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOUHOURTIS, CHRISTOPHER
590 WELLS RD SUITE 2
ORANGE PARK, FL 32073

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|-------------------------|
| TITLE | MGR |
| NAME | MOUHOURTIS, JAMES N |
| STREET ADDRESS | 590 WELLS RD SUITE 2 |
| CITY - ST - ZIP | ORANGE PARK, FL 32073 |
| TITLE | MGR |
| NAME | MOUHOURTIS, NICHOLAS |
| STREET ADDRESS | 590 WELLS RD SUITE 2 |
| CITY - ST - ZIP | ORANGE PARK, FL 32073 |
| TITLE | MGR |
| NAME | MOUHOURTIS, CHRISTOPHER |
| STREET ADDRESS | 590 WELLS RD SUITE 2 |
| CITY - ST - ZIP | ORANGE PARK, FL 32073 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

U000000343710

05/29/08-80069-013 138.75

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

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

Nicholas Mouhourtis

4/30/08

Date

9042774622

Daytime Phone #