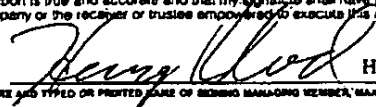


FILED
Apr 30, 2007 8:00 am
Secretary of State

03-12-2007 90482 002 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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DOCUMENT # L06000064713			
1. Entity Name OMNI PROPERTY GP, LLC			
Principal Place of Business 25 S.W. 2ND AVENUE MIAMI, FL 33130		Mailing Address 25 S.W. 2ND AVENUE MIAMI, FL 33130	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLOCK, HENRY 25 S.W. 2ND AVENUE MIAMI, FL 33130		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 upon filing.) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP Managing Partner Jack K. Thomas, Jr. 25 SW 2 Avenue Miami, FL 33130 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
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: 		Henry R. Block 02-22-07 (305) 358 5511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	

30006227 59-2469599



01092007 Chg-LLC CR2E083 (12/05)

Applied For
Not Applicable