2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # L06000064713 Mar 06, 2008 08:00 AM Secretary of State 1. Entity Name OMNI PROPERTY GP, LLC Principal Place of Business Mailing Address 25 S.W. 2ND AVENUE 25 S.W. 2ND AVENUE MIAMI, FL 33130 MIAMI, FL 33130 03032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2469599 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLOCK, HENRY DO NOT WRITE 25 S.W. 2ND AVENUE MIAMI, FL 33130 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS **MGRP** TITLE NAME THOMAS, JACK K JR STREET ADDRESS 25 SW 2ND AVE MIAMI, FL 33130 CITY-ST-ZIP U00000849014 TITLE 03/21/08-80004-010 138.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not gralify 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 mall 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

3/3/08

35 368-8611

Daytime Phone #