2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L06000069287

Entity Name: OMNI MANAGEMENT STRATEGIES, NWF, L.L.C.

Current Principal Place of Business:

450 ST. FRANCIS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

106 E COLLEGE AVE.
SUITE 600
TALLAHASSEE, FL 32312

Current Mailing Address:

450 ST. FRANCIS STREET
TALLAHASSEE, FL 32301

New Mailing Address:

106 E COLLEGE AVE.
SUITE 600
TALLAHASSEE, FL 32312

FEI Number: 20-5360929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNTER, GARY K JR.
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301 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: MGR ( ) Delete
Name: DANIEL, THOMAS W III
Address: 2586 MILLSTONE PLANTATION ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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

ADDITIONS/CHANGES:

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

Title: M ( ) Change (X) Addition
Name: LAPETE, FRANK
Address: 4934 POINT MILLIGAN
City-St-Zip: QUINCY, FL 32352

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: FRANK LAPETE M 04/29/2008

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