

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069287

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

106 E COLLEGE AVE.  
SUITE 600  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

106 E COLLEGE AVE.  
SUITE 600  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**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: M ( ) Delete  
Name: LAPETE, FRANK  
Address: 4934 POINT MILLIGAN  
City-St-Zip: QUINCY, FL 32352

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DANIEL, THOMAS W III  
Address: 2586 MILLSTONE PLANTATION ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR (X) Change ( ) 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: THOMAS W. DANIEL III

MGRM

04/29/2009

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