


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90074 017 \*\*\*138.75

<b>DOCUMENT # L06000103353</b>	
1. Entity Name <b>OMINI, LLC</b>	

Principal Place of Business <b>5823 NW 123RD AVENUE CORAL SPRINGS, FL 33076</b>	Mailing Address <b>5823 NW 123RD AVENUE CORAL SPRINGS, FL 33076</b>
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**60004410**



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

01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8926279</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROZIER, MELVA ESQ 4447 WESTROADS DR. RIVIERA BEACH, FL 33407</b>	7. Name and Address of New Registered Agent Name <b>DENNIS, BLONDELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>5823 NW 123rd AVE.</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33076</b>
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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 <i>Blondell Dennis</i>	DATE

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DENNIS, BLONDELL 5823 NW 123RD AVENUE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Blondell Dennis</i>	Date _____ Daytime Phone # _____