
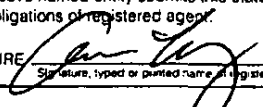
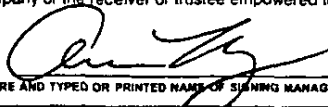


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

02-04-2008 90132 050 ***138.75

DOCUMENT # L07000034733					
1. Entity Name OMEGA 3, LLC					
Principal Place of Business 1100 SE 11TH COURT FORT LAUDERDALE, FL 33316			Mailing Address 1100 SE 11TH COURT FORT LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box # 18851 NE 29th Ave		3. Mailing Address 20533 Biscayne Blvd			
Suite, Apt. #, etc. 7th floor		Suite, Apt. #, etc. 409			
City & State Aventura, Florida		City & State Aventura, Florida		4. FEI Number 20-8805720	
Zip 33180		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent GERTZ, CHRISTOPHER J 1100 SE 11TH COURT FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Lankry, Aaron Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Avenue 7th floor City Aventura FL Zip Code 33180		
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 				DATE 01-24-08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANKRY, AARON 20533 BISCAYNE BLVD., SUITE 409 AVENTURA, FL 33180	<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	
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	
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: 				DATE 01-24-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	