

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047950

FILED
Apr 30, 2008
Secretary of State

Entity Name: OMEGA CAPITAL ADVISORS LLC

Current Principal Place of Business:

200 S. BISCAYNE BLVD
4450
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

200 S. BISCAYNE BLVD
4450
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JON, CUMMINGS SR
200 S. BISCAYE BLVD
SUITE 4450
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CHANDEL, BRENNER
200 S. BISCAYE BLVD
SUITE 4450
MIAMI, FL 33131 US

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: CHANDEL BRENNER

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JON, CUMMINGS S III
Address: 200 S. BISCAYNE BLVD SUITE 4450
City-St-Zip: MIAMI, FL 33131 US

Title: MGR () Delete
Name: TODD, BUXTON C
Address: 200 S. BISCAYNE BLVD SUITE 4450
City-St-Zip: MIAMI, FL 33131 US

Title: MGR () Delete
Name: BILL, SLIVKA
Address: 200 S. BISCAYNE BLVD SUITE 4450
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

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

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

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

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: JON S CUMMINGS III

MGR

04/30/2008

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