

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90036 035 \*\*\*138.75

<b>DOCUMENT # L07000112362</b> 1. Entity Name <b>OMEGA CONSULTING PARTNERS, LLC</b>					
Principal Place of Business <b>435 NORTH SHORE DRIVE MIAMI BEACH, FL 33141</b>			Mailing Address <b>435 NORTH SHORE DRIVE MIAMI BEACH, FL 33141</b>		
2. Principal Place of Business - No P.O. Box # <b>1625 KENNEDY CSWY ST-03</b>		3. Mailing Address <b>1625 KENNEDY CSWY</b>			
Suite, Apt. #, etc. <b>PH 3</b>		Suite, Apt. #, etc. <b>PH 3</b>			
City & State <b>N. BAY VILLAGE, FLORIDA</b>		City & State <b>N. BAY VILLAGE, FL.</b>			
Zip <b>33141</b>		Country <b>U.S.A.</b>		Zip <b>33141</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>			
4. FEI Number <b>01032008</b>			Chg-LLC <b>CR2E083 (12/06)</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			Applied For <input checked="" type="checkbox"/> <b>Not Applicable</b>		
6. Name and Address of Current Registered Agent <b>MARQUES, FERNANDO 435 NORTH SHORE DRIVE MIAMI BEACH, FL 33141</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <b>MAY 1, 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARQUES, FERNANDO 435 NORTH SHORE DRIVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANDA, JULIO 435 NORTH SHORE DRIVE MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			<b>SIGNATURE:</b> <b>MAY 2008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		