

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 11 PM 3:20

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000000555**

OMNI-OPP, L.L.C.
~~PRENTICE-HALL CORPORATION SYSTEM, INC.~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2607~~

1a. Principal Place of Business Address

~~PRENTICE-HALL CORPORATION-SYS~~
~~1201-HAYS-STREET~~
~~TALLAHASSEE-FL-32301~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

992 Winterberry Drive

Suite, Apt. #, etc.

City & State

Marco Island FL

Zip

34145

Country

Collier

2a. Mailing Address

992 Winterberry Drive

Suite, Apt. #, etc.

City & State

Marco Island FL

Zip

34145

Country

Collier

3. Date Organized or Qualified

05/17/1996

3a. State of Formation

FL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	Paul F. Janssens-Lens	992 Winterberry Drive	Marco Island FL 34145
MGR	Anne-Marie Janssens-Lens	992 Winterberry Drive	Marco Island FL 34145

700002294747-0
-09/16/97--01081--003
****588.75 ****588.75

KWM

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Paul F. Janssens-Lens

9/18/97

(941) 394 8300

COPY

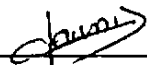
Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) Omni-OPP, LLC														
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name												
	4a Mailing address (street address) (room, apt., or suite no.) The Prentice Hall Corporation, 1201 Hays St.		5a Business address, if different from address in lines 4a and 4b												
	4b City, state, and ZIP code Tallahassee, FL 32301-2607		5b City, state, and ZIP code												
6 County and state where principal business is located Leon, Florida															
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ 594-38-0546 Paul F. Janssens-Lens															
8a Type of entity (Check only one box.) (See instructions.)															
<input type="checkbox"/> Sole Proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Trust _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other corporation (specify) _____ <input type="checkbox"/> Farmer's cooperative _____ <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) _____ <input checked="" type="checkbox"/> Other (specify) ▶ Limited Liability Company															
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶															
<table border="1"> <tr> <td>State</td> <td>Foreign country</td> </tr> <tr> <td>Florida</td> <td></td> </tr> </table>				State	Foreign country	Florida									
State	Foreign country														
Florida															
9 Reason for applying (Check only one box.)															
<input checked="" type="checkbox"/> Started new business (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____															
10 Date business started or acquired (Mo., day, year) (See instructions.) 5/17/96		11 Enter closing month of accounting year. (See instructions.) December													
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/A															
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶															
<table border="1"> <tr> <td>Nonagricultural</td> <td>Agricultural</td> <td>Household</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> </table>				Nonagricultural	Agricultural	Household	0	0	0						
Nonagricultural	Agricultural	Household													
0	0	0													
14 Principal activity (See instructions.) ▶ to engage in and conduct all and every kind of lawful business															
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶															
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶															
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.															
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.															
<table border="1"> <tr> <td>Legal name ▶</td> <td>Trade name ▶</td> </tr> <tr> <td></td> <td></td> </tr> </table>				Legal name ▶	Trade name ▶										
Legal name ▶	Trade name ▶														
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number, if known. Approximate date when filed (Mo., day, year) City and state where filed Prev. EIN															
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code)															
Name and title (Please type or print clearly.) ▶ Paul F. Janssens-Lens, Manager (941) 394-8300															
Signature ▶  Date ▶ 2/14/97															
Note: Do not write below this line. For official use only.															
<table border="1"> <tr> <td>Please leave blank ▶</td> <td>Geo.</td> <td>Ind.</td> <td>Class</td> <td>Size</td> <td>Reason for applying</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying						
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