LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF ST.  Katherine Harris						FILED				
,	annual report 1999		Secretary of State DIVISION OF CORPORATIONS			CO APR 20 PH 51 00				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address DOCLIMENT # L9600000556							ELOREDARY OF STATE			
	,	OCUMEN.	L# rae	0000	00556		10	A-12		
OMNIBUS, L.L.C. 992 WINTERBERRY DRIVE MARCO ISLAND FL 34145							1a. Principal Place of Business Address 992 WINTERBERRY DRIVE MARCO ISLAND FL 34145			
Principal Place of Business     2a. Mailing Address							ganized or Qualified	3a. State o	f Formation	
Suite, Apt	# 010	Suito A	Suite, Apt. #, etc.			05/1	7/1996	FL		
oune, Apr.	#, e.c.					- (	4. FET Number Applied For			
City & Sta	te	City & S	City & State					Not Applicable		
<b>Z</b> ıp	Country	Zip	Countr		ry	ľ	0/1998	1	e of Status Desired	
	7. Name and Address of	d Agent	Agent			Name and Address of New Reg		gistered Agent/Office		
ifs register	nt to the provisions of Sections 6 ed office or registered agent, or breed agent, and accept the obligation.	oth, in the State of Fic	orida Such char	nge was au	ithorized by affi	mative vole of a n				
10. Title Managing Members/Managers			L	Business Street Address			City	City, State and Zip Code		
MGR JANSSENS-LENS, PAUL F MGR JANSSENS-LENS, ANNE-MF						MARCO	MARCO ISLAND FL  MARCO ISLAND FL  MULTICUTES STEED STE			
11 Idoher	eby certify that the information su	oplied with this Mina C	does not qualify	for the exe	mption stated in	Section 119.07(3	) (i), Flonda Statutos	Hurther certify	that the information	
indicated o limited liabi	eby certify that the information sup in this annual report is true and ac lify company or the receiver or tri with an address.	curate and that my	signature shall l	nave the s	ame legal effect	l as if made under	oath, that I am a ma	naging membe	r of manager of the	