


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR -8 PM 1:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002422 OMEGA INVESTMENTS, L.C. 28622 HIGHGATE DRIVE BONITA SPRINGS FL 34135		1a. Principal Place of Business Address 28622 HIGHGATE DRIVE BONITA SPRINGS FL 34135			
2. Principal Place of Business 28622 Highgate Dr. Suite, Apt. #, etc. City & State BONITA SPRINGS Zip 34135		2a. Mailing Address 28622 Highgate Dr. Suite, Apt. #, etc. City & State BONITA Springs Zip 34135		3. Date Organized or Qualified 10/27/1998 4. FEI Number 65-0880684 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent WOLFE, DAVID L ESQ. 28000 SPANISH WELLS BLVD., SUITE 220 NAPLES FL 34135		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL			
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 _____			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	LEFFINGWELL, LARRY L	28622 HIGHGATE DRIVE		BONITA SPRINGS FL	
MGRM	LEFFINGWELL, JANET M	28622 HIGHGATE DRIVE		BONITA SPRINGS FL	
4-14-99					
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: <i>Larry L. Leffingwell</i>		<i>Larry L. Leffingwell</i> General Manager		941- 4-1-99 948-9899	