

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # L99000002180

1. Entity Name
OMEGA THEATRE PRODUCTIONS LLC



Principal Place of Business

**3918 ALHAMBRA DRIVE WEST
JACKSONVILLE, FL 32207**

Mailing Address

**3918 ALHAMBRA DRIVE WEST
JACKSONVILLE, FL 32207**



02012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3575905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURPHY, JUSTIN
3345 ZEPHYR WAY NORTH
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**U000000038564
02/06/04-80145-001 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MURPHY, JUSTIN
3345 ZEPHYR WAY NORTH
JACKSONVILLE BEACH, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WHITMIRE, ROBERT L
3918 ALHAMBRA DR. W
JACKSONVILLE, FL 322076013**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Day/Time Phone #

Robert L. Whitmire

2.1.04

904.346.3429