

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002196

FILED
Aug 28, 2007
Secretary of State

Entity Name: OMEGA COMPONENTS, L.L.C.

Current Principal Place of Business:

1951 S. ORANGE BLOSSOM TRAIL
SUITE 101
APOPKA, FL 32703

New Principal Place of Business:

29208 EAST OLD MILL ROAD
TAVARES, FL 32778 US

Current Mailing Address:

1951 S. ORANGE BLOSSOM TRAIL
SUITE 101
APOPKA, FL 32703

New Mailing Address:

29208 EAST OLD MILL ROAD
TAVARES, FL 32778 US

FEI Number: 26-0109446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BENTLEY, WAYNE S
1951 S ORANGE BLOSSOM TRAIL
STE 101
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

BENTLEY, WAYNE S
29208 EAST OLD MILL ROAD
TAVARES, FL 32778 US

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.

SIGNATURE: WAYNE S. BENTLEY

08/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BENTLEY, WAYNE S
Address: 1951 S. ORANGE BLOSSOM TRAIL STE 101
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BENTLEY, WAYNE S
Address: 29208 EAST OLD MILL ROAD
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WAYNE S. BENTLEY

MGR

08/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date