


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000009002 1. Entity Name OMEGA SPECIAL SERVICES, LLC	
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Principal Place of Business 222 WEST GEORGIA ST. TALLAHASSEE, FL 32301	Mailing Address PO BOX 1050 TALLAHASSEE, FL 32302
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-LLC CR2E0B3 (10/03)

4. FEI Number 59-3614333	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEWIS & WHITE, L.C. 222 WEST GEORGIA ST. TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>DATE Registered Agent signature required when necessary</small>
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**Filing Fee is \$50.00
Due by May 1, 2004**

000000092850
03/19/04-80025-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR LEWIS, A. E. 222 WEST GEORGIA ST. TALLAHASSEE, FL 32301
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mula White* 3-18-04 425-5600

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