## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Apr 01, 2005 08:00 AM Secretary of State

DOCUMENT # M0100000879	
1. Entity Name	
OMEGA DESIGN/BUILD GROUP, L.L.C.	

Principal Place of Business

8280 MONTGOMERY RD. SUITE 203

CINCINNATI, OH 45236

Mailing Address

8280 MONTGOMERY RD. SUITE 203

CINCINNATI, OH 45236



DO NOT WRITE IN THIS SPACE

03112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 31-1714246

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOUHOURTIS, NICHOLAS J 1916 ST. GEORGE CT. MIDDLEBURG, FL 32068

SIGNATURE AND TYPE

## DO NOT WRITE IN THIS SPACE

	ions of objected agent.	111 - Mala dila	
SIGNATURE	Sidestrute, typed or pythyld name of registered agent and title if applicable.	holas J Machaurt B (NOTE: Registored Agent signature required when reinstating)  DATE	
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOUHOURTIS, JAMES N 8280 MONTGOMERY RD CINCINNATI, OH 45236	U0000284065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		04/01/05-80052-007 <b>50.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby c	ertify that the information supplied with this filing does not on this report is true and accurate and that my signature	qualify for the exemption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the information shall baye the same legal effect as if made under oath; that I am a managing member or manager of the	

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8. The above named entity sybmits 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