

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002527

FILED
May 01, 2005
Secretary of State

Entity Name: OMNI LABOR RESOURCES LLC

Current Principal Place of Business:

1536 KINGSLEY AVENUE, SUITE 122
ORANGE PARK, FL 32073

New Principal Place of Business:

OCALA WEST TRAINING CENTER
14871 SW 20TH PLACE
OCALA, FL 34481

Current Mailing Address:

1536 KINGSLEY AVENUE, SUITE 122
ORANGE PARK, FL 32073

New Mailing Address:

OCALA WEST TRAINING CENTER
14871 SW 20TH PLACE
OCALA, FL 34481

FEI Number: 74-3041124 **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:

SHELTON, ROGER D
1536 KINGSLEY AVENUE, SUITE 122
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

PALMER, BILL
14871 SW 20TH PLACE
OCALA, FL 34481 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: DEBORAH D. VORE, CPA

05/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SHELTON, DANNY C
Address: 3877 ROYAL TROON DRIVE
City-St-Zip: ROUND ROCK, TX 78664

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORAH D. VORE, CPA

CPA

05/01/2005

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