

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000461

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: OMNI CIRCUITS INTERNATIONAL, LLC

**Current Principal Place of Business:**

15261 TELCOM DRIVE  
BROOKSVILLE, FL 34604

**New Principal Place of Business:**

15261 TELCOM DRIVE  
BROOKSVILLE, FL 34604

**Current Mailing Address:**

15261 TELCOM DRIVE  
BROOKSVILLE, FL 34604

**New Mailing Address:**

FEI Number: 58-2550019      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JARQUE, GREG  
15261 TELCOM DRIVE  
BROOKSVILLE, FL 34604      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: JARGUS, GREGORY  
Address: 15261 TELCOM DRIVE  
City-St-Zip: BROOKSVILLE, FL 34604

Title: MGR ( ) Delete  
Name: HAGLAND, SCOTT  
Address: 20 PEACHTREE COURT  
City-St-Zip: HOLBROOK, NY 11741

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JARQUE, GREGORY  
Address: 15261 TELCOM DRIVE  
City-St-Zip: BROOKSVILLE, FL 34604

Title: MGR (X) Change ( ) Addition  
Name: HAGLAND, SCOTT  
Address: 15261 TELCOM DRIVE  
City-St-Zip: BROOKSVILLE, FL 34604

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: GREGORY JARQUE

PRES

04/12/2005

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