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OMNI MEDICAL HOLDINGS INC
Form SC 13G
December 13, 2004

SEC 1745 POTENTIAL PERSONS WHO ARE TO RESPOND TO THE COLLECTION OF INFORMATION
(02-02) CONTAINED IN THIS FORM ARE NOT REQUIRED TO RESPOND UNLESS THE FORM
DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER.

OMB APPROVAL
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

SCHEDULE 13G
UNDER THE SECURITIES EXCHANGE ACT OF 1934

OMNI MEDICAL HOLDINGS, INC.

(Name of Issuer)

COMMON STOCK, \$.001 PAR VALUE

(Title of Class of Securities)

68214H101

(CUSIP Number)

JULY 14, 2004

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule
is filed:

☐ Rule 13d-1(b)

☒ Rule 13d-1(c)

☐ Rule 13d-1(d)

*The remainder of this cover page shall be filled out for a reporting person's
initial filing on this form with respect to the subject class of securities, and
for any subsequent amendment containing information which would alter the
disclosures provided in a prior cover page. The information required in the
remainder of this cover page shall not be deemed to be "filed" for the purpose
of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise
subject to the liabilities of that section of the Act but shall be subject to
all other provisions of the Act (however, see the Notes).

CUSIP No. 68214H101

1. Names of Reporting Persons.

I.R.S. Identification Nos. of above persons (entities only).
LANGLEY PARK INVESTMENTS PLC; N/A

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2. Check the Appropriate Box if a Member of a Group (See Instructions)

(a) ☐

(b) ☐

3. SEC Use Only

4. Citizenship or Place of Organization: UNITED KINGDOM

Number of	5. Sole Voting Power	4,400,000
Shares	-----	-----
Beneficially	6. Shared Voting Power	N/A
Owned by	-----	-----
Each Reporting	7. Sole Dispositive Power	4,400,000
Person With	-----	-----
	8. Shared Dispositive Power	N/A

9. Aggregate Amount Beneficially Owned by Each Reporting Person 4,400,000

10. Check if the Aggregate Amount in Row (9) Excludes Certain Shares (See Instructions)

11. Percent of Class Represented by Amount in Row (9) 14.9%

12. Type of Reporting Person (See Instructions) CO

SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Dated: December 10, 2004

By: /s/ Colin Lumley

Name: Colin Lumley

Title: Administrative Director