FILED Jan 17, 2007 08:00 AM Secretary of State

2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

Due By May 1, 2007					
DOCUMI 1. Entity Name OMAA, LLLI					
Principal Place of Business Meiling Address 1016-6TH STREET 1016-6TH STREET DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117					
DO NOT WRITE IN THIS SPACE			01112007 No Chg-LP 4. FE! Number 20-3768190 5. Certificate of Status Desir	CR2E003 (12/06) Applied F Not Appli red	cable
	5. Name and Address of Current Registered Agent				
			DO NOT WRITE		
PELLICER, RUTH F 1016-6TH STREET DAYTONA BEACH, FL 32117			IN THIS		
the obligation	named entity submits this statement for the purpose of changing its regions of registered agents.	stered office or regist	ared agent, or both, in the State	o of Florida. I em temilier with, and a DATE	scrept
SIGNATURE -	Skynaturo, lysiao or printeo nerve si registerao sejanti ano filia il supplicabile.				1
	FILE NOW!! FEE IS \$550.00 After May 1, 2007, Fee will be \$500.0	0		TUR OFFICE.	
 	After May 1, 2007, Fee will be \$500.0 A GENERAL PARTNER THAT IS A BUSINESS ENTI- NOTE: General Partners MAY NOT be changed on the	ry MUST BE REGI form; an amendm	ent must be filed to chang	e a general partner.	
12.	GENERAL PARTNER INFORMATION				
DOCUMENT * NAME STREET ADDRESS CITY-ST-ZH	PELLICER, RUTH F TRUSTEE 1016-6TH STREET DAYTONA BEACH, FL 32117		98 01.718	0000333967 207-00012-019-500.	(3)
DOCLMENT # HAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT #			DO NOT	WEITE	
STHEET ADURESS CITY+ST-20P			IN THIS	SPACE	
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CITY-ST-ZBP DOCUMENT + WAME STREET AUCRES CITY-ST-ZBP	S .				
DOCUMENT #	1		tind la Charder 110 Specific	Steputes. I further certify that the im	formation
14. I heret indicat or the	Y-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my eignature shall have the earne legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes				
-4.6-NAME (D) Fo Dellice Vhiotes					