2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000020266

1. Entity Name

OMAR PROPERTIES, LLC



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2065 E. LAKE ROAD ATLANTA, GA 30307 P.O. BOX 1888

WEST PALM BEACH, FL 33402



03272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 61-1424624

Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SADER, ROBERT L 1901 W. CYPRESS CREEK ROAD SUITE 415 FORT LAUDERDALE, FL 33309

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8. The above named entity submits this statement for the purpose of	of changing its registered office or registered agen	nt, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.			

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	VILLARI, WILLIAM J
STREET ADDRESS	2065 E. LAKE ROAD
C/TY-ST-ZIP	ATLANTA, GA 30307
TITLE	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	**-
NAME	
STREET ADDRESS	
CITY -ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the

U00000885782 04/18/08-80028-006 143.75

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11. 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 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: Ju/Ellin Ville

William 1 Villari

4-2-08

(404) SI2-2455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dale

Daytime Phone #