

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 04, 2006  
Secretary of State**

DOCUMENT# L02000027570

Entity Name: O.M.I., LLC

**Current Principal Place of Business:**

900 W. 49TH STREET, #508  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

900 W. 49TH STREET, #508  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 56-2351280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZARETSKY, LOUIS D ESQ  
555 NE 15TH STREET, SUITE 100  
MIAMI, FL 33132 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: HAYUN, AMIR  
Address: 900 WEST 49TH AVE  
City-St-Zip: HIALEAH, FL 33102 US

**ADDITIONS/CHANGES:**

Title: MEMB (X) Change ( ) Addition  
Name: MAYCHRZYK, AMY MEMBER  
Address: 900 WEST 49TH AVE # 508  
City-St-Zip: HIALEAH, FL 33102 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: AMY MAJCHRZYK

MEM

01/04/2006

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