

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 01, 2005  
Secretary of State**

DOCUMENT# L02000032413

Entity Name: OM, LLC

**Current Principal Place of Business:**

3416 W. WALLCRAFT AVE.  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

3416 W. WALLCRAFT AVE.  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number: 13-4226812      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CHAND, KALIA  
3416 WEST WALLCRAFT AVE  
TAMPA, FL 33611    US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: KALIA, CHAND A  
Address: 3416 W. WALLCRAFT AVE.  
City-St-Zip: TAMPA, FL 33611

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: KALIA, RUBY  
Address: 3416 WEST WALLCRAFT AVE  
City-St-Zip: TAMPA, FL 33611

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHAND KALIA

MGRM

05/01/2005

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