2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # L03000022841** 1. Entity Name GSOMR, LLC Principal Place of Business Mailing Address 2785 N.E. 183RD STREET 2785 N.E. 183RD STREET AVENTURA, FL 33160 AVENTURA, FL 33160 04252005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0054112 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent LICKSTEIN, FRED K DO NOT WRITE 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE GSOMR MANAGEMENT CORP. NAME — UODOQ0349902 STREET ADDRESS 2785 N.E. 183RD STREET 05/02/05-80084-007 50.00 AVENTURA, FL 33160 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

15/05 35

FILED

Daytime Phone #