


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90044 003 ****50.00

DOCUMENT # L03000028233					
1. Entity Name OMAHA MORTGAGE, LLC					
Principal Place of Business 320 S. FLAMINGO ROAD, #101 PEMBROKE PINES, FL 33025			Mailing Address 320 S. FLAMINGO ROAD, #101 PEMBROKE PINES, FL 33025		
2. Principal Place of Business - No P.O. Box # 8004 N.W. 154 ST Suite, Apt. #, etc. 609 City & State MIAMI LAKES, FL Zip 33016 Country USA		3. Mailing Address 8004 NW 154 ST Suite, Apt. #, etc. 609 City & State MIAMI LAKES, FL Zip 33016 Country USA		04092007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 61-1678965		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CASTILLO, RAMON 320 SOUTH FLAMINGO ROAD, #101 PEMBROKE PINES, FL 33027			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTILLO, RAMON A		NAME	CASTILLO, RAMON A	
STREET ADDRESS	320 S. FLAMINGO ROAD, #101		STREET ADDRESS	8004 NW 154 ST #609	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

60040648



SIGNATURE:

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

4/20/07

Date

754-244-7290

Daytime Phone #