

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L03000047730 1. Entity Name OM ISLAND PROPERTIES, LLC	
-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 6201 CORTEZ ROAD WEST BRADENTON, FL 34210	Mailing Address 6201 CORTEZ ROAD WEST BRADENTON, FL 34210
-----------------------------------------------------------------------------	-----------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



03122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0447873	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
-----------------------------------------------------------	------------------------------------------

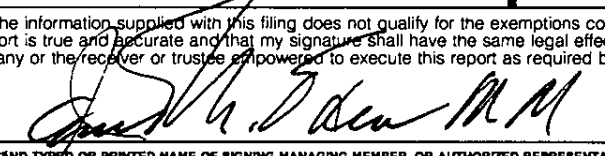
6. Name and Address of Current Registered Agent BARNES, GARRET T ESQ 3119 MANATEE AVENUE WEST BRADENTON, FL 34205

DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small> 04/22/08-2008-016 150.00
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ODEN, JANET M 6201 CORTEZ ROAD WEST BRADENTON, FL 34210
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	04-04-08 941-792-2233
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>