

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-29-2005 90031 025 \*\*\*\*\*50.00  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000009549</b> 1. Entity Name <b>OM PROPERTIES, L.L.C.</b>					
Principal Place of Business <b>5553 HIGHWAY 90 PACE, FL 32571</b>		Mailing Address <b>5553 HIGHWAY 90 PACE, FL 32571</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-0694520</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PURUSHOTTAM KUMAR GARG 5553 HIGHWAY 90 PACE, FL 32571</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PURUSHOTTAM KUMAR GARG 4534 AMBLEWOOD COURT PACE, FL 32571</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARG, ANJU 4534 AMBLEWOOD COURT PACE, FL 32571</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>REINSTATEMENT</b>			<b>2005</b> <b>4/4/05</b>		
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.					
<b>SIGNATURE:</b> <u>P. K. Garg</u> <u>Purushottam Garg</u> <u>7-06-05</u> <u>850-995-8811</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					