


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000009549 1. Entity Name OM PROPERTIES, L.L.C.		
Principal Place of Business 5553 HIGHWAY 90 PACE, FL 32571	Mailing Address 5553 HIGHWAY 90 PACE, FL 32571	
<div style="display: flex; justify-content: space-between;"> 04182006No Chg-LLC CR2E083 (11/05) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> 4. FEI Number 20-0694520 </div> <div style="width: 35%; text-align: right;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%; text-align: right;"> \$5.00 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent PURUSHOTTAM KUMAR GARG 5553 HIGHWAY 90 PACE, FL 32571		
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. (NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	PURUSHOTTAM KUMAR GARG	
STREET ADDRESS	4534 AMBLEWOOD COURT	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	MGRM	
NAME	GARG, ANJU	
STREET ADDRESS	4534 AMBLEWOOD COURT	
CITY-ST-ZIP	PACE, FL 32571	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>P. K. Garg</u> <u>Purushottam K Garg</u> <u>4-24-06</u> <u>850-995-8811</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



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