


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L04000017577	
<b>1. Entity Name</b> OM-SVN, LLC	

<b>Principal Place of Business</b> 3055 ALATKA CT LONGWOOD, FL 32779	<b>Mailing Address</b> 1061 MEDICAL CENTER DR, STE 101 ORANGE CITY, FL 32763
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DO NOT WRITE IN THIS SPACE



01112006No Chg-LLC

CR2E083 (11/05)

<b>4. FEI Number</b> 20-0764591	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

HIPPALGAONKAR, SUVARNA  
3055 ALATKA CT  
LONGWOOD, FL 32779

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**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]* **1-11-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM HIPPALGAONKER, SUVANNA 5033 ALATHA CT LONGWOOD, FL 32779
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SH HAPPALGAONKER, NEHA 3055 ALATHA CT LONGWOOD, FL 32779
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SH HIPPALGAONKAR, SONALI 3055 ALATHA CT LONGWOOD, FL 32779
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SH HIPPALGAONKER, VARUN 3055 ALATKA CT LONGWOOD, FL 32779
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	JSH MR&MRS, HIPPALGAONKER R 3055 ALATKA CT LONGWOOD, FL 32779
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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**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:** *[Signature]* **1-11-06 386-774-2100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #