

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017577

FILED  
Mar 20, 2007  
Secretary of State

Entity Name: OM-SVN, LLC

## Current Principal Place of Business:

3055 ALATKA CT  
LONGWOOD, FL 32779

## New Principal Place of Business:

932 SAXON BLVD. SUITE A  
ORANGE CITY, FL 32763

## Current Mailing Address:

1061 MEDICAL CENTER DR, STE 101  
ORANGE CITY, FL 32763

## New Mailing Address:

932 SAXON BLVD. SUITE A  
ORANGE CITY, FL 32763

FEI Number: 20-0764591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIPPALGAONKAR, SUVARNA  
3055 ALATKA CT  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HIPPALGAONKAR, SUVARNA  
Address: 5033 ALATHA CT  
City-St-Zip: LONGWOOD, FL 32779

Title: SH ( ) Delete  
Name: HIPPALGAONKAR, NEHA  
Address: 3055 ALATHA CT  
City-St-Zip: LONGWOOD, FL 32779

Title: SH ( ) Delete  
Name: HIPPALGAONKAR, SONALI  
Address: 3055 ALATHA CT  
City-St-Zip: LONGWOOD, FL 32779

Title: SH ( ) Delete  
Name: HIPPALGAONKAR, VARUN  
Address: 3055 ALATKA CT  
City-St-Zip: LONGWOOD, FL 32779

Title: JSH ( ) Delete  
Name: MR&MRS, HIPPALGAONKAR R  
Address: 3055 ALATKA CT  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HIPPALGAONKAR, SUVARNA  
Address: 5033 ALATKA CT  
City-St-Zip: LONGWOOD, FL 32779

Title: SH (X) Change ( ) Addition  
Name: HIPPALGAONKAR, NEHA  
Address: 3055 ALATHA CT  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SH (X) Change ( ) Addition  
Name: HIPPALGAONKAR, VARUN  
Address: 3055 ALATKA CT  
City-St-Zip: LONGWOOD, FL 32779

Title: JSH (X) Change ( ) Addition  
Name: MR&MRS, HIPPALGAONKAR R  
Address: 3055 ALATKA CT  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUVARNA HIPPALGAONKAR

MGRM

03/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date