# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000027999

1. Entity Name
ORM, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1930 HARRISON STE. 300 | 1930 HARRISON STE. 300 |
| HOLLYWOOD, FL 33020 | HOLLYWOOD, FL 33020 |

## DO NOT WRITE IN THIS SPACE

03012006No Chg-LLC          CRZE083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 52-2444052 | Not Applicable |

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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

MANTIN-SEGAL, DEBORAH
1530 HARRISON ST #503
HOLLYWOOD, FL 33020

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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, 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 |
|---|---|
| TITLE | MGR |
| NAME | MANTIN-SEGAL, DEBORAH |
| STREET ADDRESS | 1930 HARRISON ST #503 |
| CITY-ST-ZIP | HOLLYWOOD, FL 33060 |
| TITLE | MGR |
| NAME | MANTIN, MITCHELL |
| STREET ADDRESS | 1930 HARRISON ST #503 |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 |
| TITLE | |
| NAME | |
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| 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: _____     3/1/06     9549274595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #