2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2006
Secretary of State

DOCUMENT# L04000029859

Entity Name: O.P.M. LLC

Current Principal Place of Business:

PO BOX 245536
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 245536
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 20-1029576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DISLA, KHAIR K
6201 HOLLYWOOD BLVD
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

358 SW VINCENNES LLC
6201 HOLLYWOOD BLVD
HOLLYWOOD, FL 33024 US

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: JD 07/20/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DISLA, KHAIR K
Address: PO BOX 245536
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR ( ) Delete
Name: KAYE, DAVID E
Address: PO BOX 245536
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: D, J
Address: PO BOX 245536
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR (X) Change ( ) Addition
Name: K, D
Address: PO BOX 245536
City-St-Zip: PEMBROKE PINES, FL 33024

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: JD MGR 07/20/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date