2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State
03-01-2005 90021 011 ****50.00

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1. Entity Name
OHM TALLAHASSEE LLC

20016665

Principal Place of Business	Mailing Address
1695 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303	1695 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303

01182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 550863862 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, SATISH R
1695 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name PATEL, SATISH R

Street Address (P.O. Box Number is Not Acceptable)

402 MEADOW RIDGE DRIVE

City TALLAHASSEE **FL** Zip Code 32312

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PATEL, SATISH R 4339 CREEKVIEW DR DUBLIN, CA 94568	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 402 MEADOW RIDGE DR TALLAHASSEE, FL 32312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PATEL, JAGRUTI S 4339 CREEKVIEW DR DUBLIN, CA 94568	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 402 MEADOW RIDGE DR TALLAHASSEE, FL 32312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PATEL, HASMUKH L 4339 CREEKVIEW DR DUBLIN, CA 94568	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PATEL, SUMATI H 4339 CREEKVIEW DR DUBLIN, CA 94568	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2/25/05 (850) 575-5865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #