


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90078 029 *****55.00

DOCUMENT # L04000044843					
1. Entity Name OM CAPITAL, LLC					
Principal Place of Business 3795 E. COQUINA WAY FORT LAUDERDALE, FL 33332			Mailing Address 1004 SANIBEL DRIVE HOLLYWOOD, FL 33019		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 3795 E Coquina Way Suite, Apt. #, etc.			
City & State		City & State Weston FL		4. FEI Number 03-0544423	
Zip 33332		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BHAMBHANI, NIRANJAN H 3795 E. COQUINA WAY FORT LAUDERDALE, FL 33332			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Niranjan H Bhambhani</i> <small>Signature or typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1-24-07	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BHAMBHANI, NIRANJA H 3795 E. COQUINA WAY FORT LAUDERDALE, FL 33332 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BHAMBHANI, DEEPA 3795 E. COQUINA WAY FORT LAUDERDALE, FL 33332 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Niranjan H Bhambhani</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 1/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 954 682 6106	