

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073406

Entity Name: OTMAR, LLC

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

153 SW 106 TERRACE
APT 514
MIAMI, FL 33196 US

New Principal Place of Business:

10520 SW 158 CT
APT 207
MIAMI, FL 33196 US

Current Mailing Address:

153 SW 106 TERRACE
APT 514
MIAMI, FL 33196 US

New Mailing Address:

10520 SW 158 CT
APT 207
MIAMI, FL 33196 US

FEI Number: 20-1725993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILDENBERG, OTTO
153 SW 106 TERRACE
APT 514
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

MILDENBERG, OTTO
10520 SW 158 CT
APT 207
MIAMI, FL 33196 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: MILDENBERG OTTO

04/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILDENBERG, OTTO
Address: 153 SW 106 TERRACE
City-St-Zip: MIAMI, FL 33196 US

Title: MGR () Delete
Name: MASIERI, CARMEN L
Address: 10520 SW 158 CT APT 207
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILDENBERG, OTTO
Address: 10520 SW 158 CR
City-St-Zip: MIAMI, FL 33196 US

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

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: MILDENBERG OTTO

MGR

04/23/2006

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