## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L05000021353**

OML INVESTMENTS, LLC



**FILED** Jul 23, 2007 08:00 Al Secretary of State

Principal Place of Business

2244 N.W. 7TH STREET MIAMI, FL 33125

Mailing Address

2244 N.W. 7TH STREET MIAMI, FL 33125



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07132007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number			Applied For		
	20-2440766		[	Not Applicable		
5.	Certificate of Status Desired			0 Additional equired		

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOHN M **2244 N.W. 7TH STREET** MIAMI, FL 33125

## DO NOT WRITE IN THIS SPACE

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	pove named entity submits this statement for the purpose of cha ligations of registered agent.	nging its registere	ad office or registered ag	gent, or both, in	the State of Florida. I	am familiar with, and accept		
SIGNATU	RE							
Signature, typed or printed name of registered agent and fittle if applicable		(NOTE, Registered Agent signature required when reinstating)			DA	DATE		
Du	Filing Fee is \$50.00 ue by September 14, 2007							
9.	MANAGING MEMBERS/MANAGERS		10 × 3	4 34	The same of	and the state of the state of		
TITLE	MGR		1			4.		
NAME	RODRIGUEZ, JOHN M		,			all the second second		

STREET ADDRESS 2244 N.W. 7TH STREET CITY-ST-ZIP MIAMI, FL 33125 MGR TITLE ORTA-RODRIGUEZ, ILEANA NAME 2244 N.W. 7TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 TITLE NAME STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

> SIGNATURE AND TYP OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #