


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 15, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90025 042 \*\*\*\*50.00

<b>DOCUMENT # L05000024114</b>	
1. Entity Name <b>OM HOMES LLC</b>	

Principal Place of Business <b>2 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131</b>	Mailing Address <b>2 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131</b>
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**30010421**



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

06092006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2683533</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>VALDES-FAULI CORPORATE SERVICES, INC. 2 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent	
Name <b>GY Corporate Services, Inc.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2 S. Biscayne Blvd., Suite 3400</b>	
City <b>Miami</b>	FL Zip Code <b>33131</b>

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.

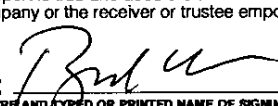
SIGNATURE  **Mark J. Scheer, President** **6/9/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR Miller, Elizabeth A. 6805 S.W. 98th Street Miami, Florida 33156	
		MGR Miller, Raymond V. 6805 S.W. 98th Street Miami, Florida 33156	
		MGR Owens, Dan 780 N.E. 69th Street, #1909 Miami, Florida 33138	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Raymond V. Miller, Manager** **June 9, 2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #


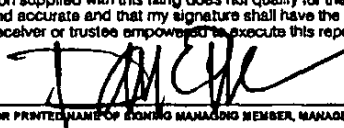
**305  
460-8899**

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3/2006-90025-042-\$50.00-\$50.00

ATTACHMENT

30010421

DOCUMENT # L05000024114			
1. Entity Name OM HOMES LLC			
Principal Place of Business 2 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131		Mailing Address 2 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131	
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 20-2683533		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to: HOMES INCORPORATED	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Elizabeth A. and Raymond V. Miller 6805 SW 98 Street Miami FI 33156 <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	Dan Owens 780 NE 69th Street #1909 Miami, FI 33138 <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	<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: 		Date: 5.01.06 305-410-8899	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	