2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jun 15, 2006 8:00 am Secretary of State **DOCUMENT #L05000024114** 05-03-2006 90025 042 ****50 00 1. Entity Name **OM HOMES LLC** Principal Place of Business Mailing Address 2 S BISCAYNE BLVD, STE 3400 2 S BISCAYNE BLVD. STE 3400 30010421 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 06092006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable 20-2683533 Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GY Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2 S. Biscayne Blvd., Suite 3400 VALDES-FAULI CORPORATE SERVICES, INC. 2 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131 Zip Code FL Miami 33131 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 8. The above named entity submits of the obligations of registered SIGNATURE Signature, type Mark J. Scheer, President (NOTE: Registered Agent aignature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 6, 2006 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. XX Addition MLE MGR ☐ Change TITLE Deiete NAME NAME Miller, Elizabeth A. STREET ADDRESS STREET ADDRESS 6805 S.W. 98th Street CITY-ST-ZIP CITY-ST-ZIF Miami, Florida 33156 ☐ Change TITLE ☐ Delete TITLE Addition MGR NAME NAME Miller, Raymond V. STREET ADDRESS STREET ADDRESS 6805 S.W. 98th Street CITY-ST-ZIF CITY-ST-ZIP Miami, Florida 33156 ☐ Delete Change XX Addition TITLE MGR NAME NAME Owens, Dan STREET ADDRESS STREET ADDRESS 780 N.E. 69th Street, #1909 CITY-ST-ZIP CITY-ST-ZIP <u>Miami, Florida 33138</u> Change ☐ Addition ☐ Delete TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COV-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

Raymond V. Miller, Manager

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

460-8899

Daytime Phone #

2006

June 9

2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

ATTACHMENT

DOCUMENT # L05000024114 1, Entity Name OM HOMES LLC Principal Place of Business Malting Address 2 S BISCAYNE BLVD, STE 3400 2 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address ----2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03102008 Chg-LLC CR2E083 (11/05) Applied For City & State 4. F20-2683533 City & State Not Applicable Zlp Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALDES-FAULI CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131 City 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 Eigneurs, typed or printed name of registered agent and title If applicable. Filing Pee is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS 9. TITLE Elizabeth A. and TITLE Change ☐ Addition NUME NUME Raymond V. Miller STREET ADDRESS STREET ADDRESS 6805 SW 98 Street Miami FI 33156 CITY-ST-ZP CITY-ST-ZIP TITLE Dan Owens ☐ Delete MILE ☐ Change ☐ Addition NAME NAE 780 NE 69th Street #1909 STREET ADDRESS STREET ADDRESS Miami, FI 33138 CITY-ST-70 OTV-57-79 TITLE Delete MLE Change ☐ Addition MALES NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-20P ☐ Deleta TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZP CITY - 57 - 28 mu TITLE ☐ Detete Change Addition NAME MALES STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Deleta ITILE Change NAME NAME STREET ADDRESS STREET ADDRESS CTY-51-2P CITY-51-70 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorlda 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 takexecute this report as reqyired by Chapter 608, Rorlda Statutes.

G MANAGOIG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI