

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035021

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: OM PROPERTIES & HOMES, LLC

## Current Principal Place of Business:

1840 CORAL WAY, SUITE 4-293  
MIAMI, FL 33145

## New Principal Place of Business:

4941 LAKE DAISY RD  
WINTER HAVEN, FL 33884

## Current Mailing Address:

27 MONTROSE AVE  
SUITE # 2  
BROOKLYN, NY 11206

## New Mailing Address:

27 MONTROSE AVE  
BROOKLYN, NY 11206

FEI Number: 54-2171365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete  
Name: RAMPHIR, NICKY  
Address: 27 MONTROSE AVE. SUITE # 2  
City-St-Zip: BROOKLYN, NY 11206

Title: SEC (X) Delete  
Name: SUTRABAN, BARBARA  
Address: 27 MONTROSE AVE. SUITE # 2  
City-St-Zip: BROOKLYN, NY 11206

## ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition  
Name: RAMPHIR, NICKY  
Address: 27 MONTROSE AVE.  
City-St-Zip: BROOKLYN, NY 11206

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: NICKY RAMPHIR

CEO

01/05/2007

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