2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 8:00 am

| DOCUMENT # L05000071605 1. Entity Name OMC PROPERTIES, LLC | | | | | Secretary of State 04-20-2006 90024 011 ****50.00 | | | | |
|--|--|---|---|--|--|-----------------------------------|------------------------|---------------------------|-------------------|
| Principal Place of Business 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394 Mailing Address 500 EAST BROWARD BO FORT LAUDERDALE, FL | | | OULEVARD 33394 |), Suite 1950 | MUUUULEU | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03242006 | Chg-LLC | CR2E0 | 83 (11/05) | | |
| City & State | | City & State | | | 4. FEI Numbe | Number Applied For Not Applicable | | | |
| Zip Country | | Zip Country | | 1 | 5. Certificate | of Status Desired | | \$5.00 Add | fitional |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New R | egistered / | Agent | |
| MOMBACH, GEOFFREY S MOMBACH BOYLE & HARDIN, P.A. 500 EAST BROWARD BOULEVARD, SUITE 1950 | | | | Name Street Address (| ne et Address (P.O. Box Number is Not Acceptable) | | | | |
| FORT LAUDERDALE, FL 33394 | | | | | | | | | |
| | · | | 7 | City | | | FL | Zip Cod | e |
| 8. The above the obligati | named entity submits this statement for one of registered agent. | the purpose of changing its | registered o | office or register | ed agent, or bot | n, in the State of Flo | orida. I am i | familiar with, | and accept |
| SIGNATURE | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | ind title if applicable. (NOTE | E: Registered Ag | gent algnature required | when reinstating) | | DATE | | |
| Fi | Signature, typed or printed name of registered agent of the second secon | ind title if applicable. (NOTE | E: Registered Ag | gent algnature required | when reinstating) | | e check p | ayable to ent of State | |
| Fi | ling Fee is \$50.00 | | E: Registered Ag | gent algnature required | when reinstating) | | e check p a Departm | ent of State | e |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBE MGR WIENER, WILLIAM A. 500 EAST BROWARD BL | RS/MANAGERS Detete VD., STE 1950 | 10. TITLE NAME STREET A | ADDRESS | when reinstating) | Florida | e check p a Departm | ent of State | Addition |
| 9. III LE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS | ling Fee is \$50.00 Le by May 1, 2006 MANAGING MEMBE MGR WIENER, WILLIAM A. | RS/MANAGERS Detete VD., STE 1950 | 10. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A | ADDRESS 1-ZIP | when reinstating) | Florida | e check p a Departm | ent of State | |
| 9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MANAGING MEMBE MGR WIENER, WILLIAM A. 500 EAST BROWARD BL | RS/MANAGERS Delete VD., STE 1950 33394 | 10. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME | ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS | when reinstating) | Florida | e check p a Departm | Change | ☐ Addition |
| 9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | MANAGING MEMBE MGR WIENER, WILLIAM A. 500 EAST BROWARD BL | RS/MANAGERS Delete VD., STE 1950 33394 Delete | TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME | ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 4- ZIP | when reinstating) | Florida | e check p a Departm | Change | Addition |
| 9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | MANAGING MEMBE MGR WIENER, WILLIAM A. 500 EAST BROWARD BL | RS/MANAGERS Detete VD., STE 1950 33394 Detete | 10. TITLE NAME STREET A CITY-ST- TITLE NAME | ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP | when reinstating) | Florida | e check p a Departm | Change | Addition 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #