2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 14, 2007 8:00 am Secretary of State

DOCUMENT # L05000071605 1. Entity Name OMC PROPERTIES, LLC					03-14-2007 90208 038 ****50.00			
Principal Place of Business 500 EAST BROWARD BOULEVARD, SUITE 1950		Mailing Address 500 EAST BROWARD BOULEVARD, SUITE 1950		1950				
FORT LAUDERDALE		FORT LAUDERDALE, FL						1881 1 188 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162	007 Chg-LLC	CR2E08:	3 (12/06)	
City & State		City & State			Number OT APPLICABLE		_ 	oplied For
Zip	Country	Zip	Country		ificate of Status Desired		5.00 Add	ditional
6.	Name and Address of Current R	egistered Agent		7. Nan	e and Address of New	Registered Ag	gent	
		<u> </u>	Name					
MOMBACH, GEOFFREY S MOMBACH BOYLE & HARDIN, P.A. 500 EAST BROWARD BOULEVARD, SUITE 1950			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	RDALE, FL 33394	. 2 1000						
George Contraction of the Contra			City	City		FL	Zip Cod	е
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
SIGNATURE	we have a seinled some at a signed sound on	d file if equipment (NOTS	Denistared Secret Sirgeshire	and itself when reject	Nie al	DATE		
SIGNATURE Signatu	ure, typed or printed name of registered agent an	xt title if applicable. (NOTE	: Registered Agent signature	s required when reinst	iting)	DATE		
Signatu	Fee is \$50.00 y May 1, 2007	od bile if applicable. (NOTE	E. Registered Agent signature	a required when reinst	м	oate ake check pa ida Departme	-	e
Filing Due by	Fee is \$50.00 y May 1, 2007			a required when reinst	M Flori	ake check par ida Departme	-	e
Filing Due by	Fee is \$50.00		Registered Agent signature	a required when reinst	M Flori	ake check pa da Departme	-	e Addition
Filing Due by 9. TITLE MGI NAME WIE	Fee is \$50.00 y May 1, 2007 MANAGING MEMBER R :NER, WILLIAM A	IS/MANAGERS	10.	s required when reinst	M Flori	ake check pa da Departme IS/CHANGES	nt of State	
9. TITLE MGI NAME WIE STREET ADDRESS 500	Fee is \$50.00 y May 1, 2007 MANAGING MEMBER R ENER, WILLIAM A IE BROWARD BLVD STE 195	IS/MANAGERS	10. TITLE NAME STREET ADDRESS	s required when reinst	M Flori	ake check pa da Departme IS/CHANGES	nt of State	
9. TITLE MGI NAME WIE STREET ADDRESS 500 CITY-ST-ZIP FOF	Fee is \$50.00 y May 1, 2007 MANAGING MEMBER R :NER, WILLIAM A	IS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	a required when reinst	M Flori	ake check par ida Departmen	nt of State	☐ 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.

CITY-ST-ZIP

SIGNATURE: 3/1/07 501-784-585