

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089031

Entity Name: OMJ PROPERTIES, LLC

FILED
Apr 05, 2009
Secretary of State

Current Principal Place of Business:

2335 N.E. 209 STREET
JAMES KATTAN
MIAMI, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

2335 N.E. 209 STREET
JAMES KATTAN
MIAMI, FL 33180 US

New Mailing Address:

FEI Number: 20-3828827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, LAURENCE I ESQ
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309 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: MGRM () Delete
Name: KATTAN, JAMES A
Address: 2335 NE 209 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33180 US

Title: MGRM () Delete
Name: KATTAN, OREN
Address: 2335 NE 209 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33180 US

Title: MGRM () Delete
Name: KATTAN, MADELAINE
Address: 2335 NE 209 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33180 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES A. KATTAN

MGRM

04/05/2009

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