


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

03-14-2007 90211 050 \*\*\*\*55.00

<b>DOCUMENT # L05000089059</b> 1. Entity Name <b>OMGAA LLC</b>	
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Principal Place of Business <b>401 EAST LAS OLAS BLVD., SUITE 1120 FT LAUDERDALE, FL 33301</b>	Mailing Address <b>401 EAST LAS OLAS BLVD., SUITE 1120 FT LAUDERDALE, FL 33301</b>
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01232007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2541237</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GRUVERMAN, HOWARD 401 EAST LAS OLAS BLVD., SUITE 1120 FT LAUDERDALE, FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CASTRESANA, CARLOS 401 EAST LAS OLAS BLVD., SUITE 1120 FT LAUDERDALE, FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LICKSTEIN, GREGG 401 EAST LAS OLAS BLVD., SUITE 1120 FT LAUDERDALE, FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

*Gregg Lickstein*  
**3/8/07 954-832-9492**