

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90298 018 \*\*\*\*55.00

**DOCUMENT # L05000105639**

1. Entity Name

**OHM PROPERTIES LLC**



Principal Place of Business

**2312 ALDERMAN OAKS DR  
JACKSONVILLE FL 32224  
US**

Mailing Address

**PO BOX 1101  
PONTE VEDRA BEACH FL 32004  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

**20-3706214**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**XPRESS EFILE INC  
1511 PENMAN RD  
STE B  
JACKSONVILLE BEACH FL 32250**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 date if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! FEE IS \$50.00.**

**Make Check Payable to Florida Department of State.  
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR  
DELAY, CHRISTOPHER J  
154 LAS PALMAS LN  
PONTE VEDRA FL 32082**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR  
LAUGHREN, TODD J  
2312 ALDERMAN OAKS DR  
JACKSONVILLE FL 32224**

☐ Delete

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP

**MGR  
SMITH, MATTHEW R  
19 MAYFAIR LN  
GREENVILLE SC 29609**

☐ Delete

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NAME  
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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2-27-06**

**904-200-2389**