


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000122415</b> 1. Entity Name OMSS PARKING I, LLC	
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Principal Place of Business 1108 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	Mailing Address 1108 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805
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**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3998912	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SULLIVAN, ROBERT L 1108 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805
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**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 reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, ROBERT L 1108 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, STEPHEN E 1108 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805
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U00000633551  
02/21/07-80066-016 50.00

**DO NOT WRITE  
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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.

SIGNATURE: Stephen E. Sullivan 02/07/07 407-422-7115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #