2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L05000122698

Entity Name: OMT INSURANCE BROKERS LLC

Current Principal Place of Business:

17304 WALKER AVENUE
SUITE 102
MIAMI, FL 33157 US

New Principal Place of Business:

18001 OLD CUTLER ROAD
SUITE 648
PALMETTO BAY, FL 33157 US

Current Mailing Address:

17304 WALKER AVENUE
SUITE 102
MIAMI, FL 33157 US

New Mailing Address:

18001 OLD CUTLER ROAD
SUITE 648
PALMETTO BAY, FL 33157 US

FEI Number: 05-0630265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, OWEN M
7715 SW 193 LANE
MIAMI, FL 33157 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: MGR ( ) Delete
Name: TAYLOR, OWEN M
Address: 7715 SW 193 LANE
City-St-Zip: MIAMI, FL 33157 US

ADDITIONS/CHANGES:

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: OWEN TAYLOR MGR 04/14/2009

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