


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 APR 13 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L06000011764					
1. Entity Name OMRD ACQUISITIONS, LLC					
Principal Place of Business 2295 CORPORATE BLVD., NW, SUITE 222 BOCA RATON, FL 33431			Mailing Address 2295 CORPORATE BLVD., NW, SUITE 222 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01092007 Chg-LLC CR2E083 (12/06) 4. FEI Number <b>20-4633491</b> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERRICK, NORTON 2295 CORPORATE BLVD., NW, SUITE 222 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Houston Henrick - Member		NAME		
STREET ADDRESS	2295 Corporate Blvd N.W. # 222		STREET ADDRESS		
CITY-ST-ZIP	Boca Raton - FL 33431		CITY-ST-ZIP		
TITLE	M.P.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Howard Henrick - Member		NAME		
STREET ADDRESS	2 Ridgedale Ave		STREET ADDRESS		
CITY-ST-ZIP	Cedar Knolls - NJ 07927		CITY-ST-ZIP		
TITLE	Sec.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Elayne Henrick - Member		NAME		
STREET ADDRESS	2295 Corporate Blvd N.W. # 222		STREET ADDRESS		
CITY-ST-ZIP	Boca Raton - FL 33431		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Michael Henrick - Member		NAME		
STREET ADDRESS	2 Ridgedale Ave		STREET ADDRESS		
CITY-ST-ZIP	Cedar Knolls - NJ 07927		CITY-ST-ZIP		
TITLE	Controller	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Misaela Cernalli		NAME		
STREET ADDRESS	2 Ridgedale Ave		STREET ADDRESS		
CITY-ST-ZIP	Cedar Knolls - NJ 07927		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Misaela Cernalli</u>			Controller <u>[Signature]</u> 2/16/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		