2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L06000011764

OMRD ACQUISITIONS, LLC



FILED Mar 20, 2008 8:00 am

Secretary of State

03-20-2008 90180 043 ***143.75

60016005 Principal Place of Business Mailing Address 2295 CORPORATE BLVD., NW, SUITE 222 2295 CORPORATE BLVD., NW, SUITE 222 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4633491 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRICK, NORTON Street Address (P.O. Box Number is Not Acceptable) 2295 CORPORATE BLVD., NW, SUITE 222 BOCA RATON, FL 33431 City Zip Code F 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE □ Delete TITLE ☐ Change ☐ Addition HERRICK, NORTON NAME NAME STREET ADDRESS 2295 CORPORATE BLVD NW #22 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP VΡ TITLE ☐ Delete Change | ☐ Addition HERRICK HOWARD NAME NAME STREET ADDRESS 2 RIDGEDALE AVENUE STREET ADDRESS CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HERRICK, MICHAEL NAME NAME STREET ADDRESS 2 RIDGEDALE AVENUE STREET ADDRESS CITY-ST-ZIP CEDAR KNOLLS, NJ 097927 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Kermalli, Nisar KERMULLI, NISGRA NAME NAME STREET ADDRESS 2 RIDGEDALE AVENUE STREET ADDRESS CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

ED OR PRINTED NAM

OF

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Change

☐ Addition