

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065734

Entity Name: OMT REVIEW, LLC

FILED
Apr 21, 2007
Secretary of State

Current Principal Place of Business:

10629 QUAIL RIDGE DR
ST AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

10629 QUAIL RIDGE DR
ST AUGUSTINE, FL 32095

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
401 E JACKSON STREET STE 1700
TAMPA, FL 33602 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: SAVARESE, ROBERT G
Address: 10629 QUAIL RIDGE DR
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: V.P. () Change (X) Addition
Name: SAVARESE, MARY E
Address: 388 N WILLIAMS WAY
City-St-Zip: BAITING HOLLOW, NY 11933 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT SAVARESE

PRES

04/21/2007

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