

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065734

FILED  
Apr 21, 2007  
Secretary of State

Entity Name: OMT REVIEW, LLC

**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