2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L06000065734

Entity Name: OMT REVIEW, LLC

Current Principal Place of Business:

10629 QUAIL RIDGE DR
ST AUGUSTINE, FL 32095

New Principal Place of Business:

10629 QUAIL RIDGE DR
PONTE VEDRA, FL 32081

Current Mailing Address:

10629 QUAIL RIDGE DR
ST AUGUSTINE, FL 32095

New Mailing Address:

10629 QUAIL RIDGE DR
PONTE VEDRA, FL 32081

FEI Number: 10-5680965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: PRES ( ) Delete
Name: SAVARESE, ROBERT G
Address: 10629 QUAIL RIDGE DR
City-St-Zip: ST. AUGUSTINE, FL 32095 US

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

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: SAVARESE, ROBERT G DR
Address: 10629 QUAIL RIDGE DR
City-St-Zip: PONTE VEDRA, FL 32081 US

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: MARY E. SAVARESE VP 04/23/2009

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