

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000065734

Entity Name: OMT REVIEW, LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10629 QUAIL RIDGE DR  
PONTE VEDRA, FL 32081

**New Principal Place of Business:**

**Current Mailing Address:**

10629 QUAIL RIDGE DR  
PONTE VEDRA, FL 32081

**New Mailing Address:**

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  
Name: SAVARESE, ROBERT G DR  
Address: 10629 QUAIL RIDGE DR  
City-St-Zip: PONTE VEDRA, FL 32081 US

Title: V.P.  
Name: SAVARESE, MARY E  
Address: 155-205 MARINE STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby 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

03/15/2011

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