2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091419

City-St-Zip: FLORIDA CITY, FL 33034

Entity Name: OMALAS REALTY ADVISORS, LLC

FILED Apr 07, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	T AVENUE, US#1 CITY, FL 33034			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	T AVENUE, US#1 CITY, FL 33034			
FEI Number	: FEI Number Applied For (X) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		nt: Name and Address o	Name and Address of New Registered Agent:	
409 SE 1S FLORIDA The above in the State	REM A MR T AVENUE, US#1 CITY, FL, FL 33034 US named entity submits this statement foe of Florida.	r the purpose of changing its registere	d office or registered agent, or both	
SIGNATUI	RE: Electronic Signature of Registere	ed Agent	 Date	
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:	Bate	
Title: Name: Address: City-St-Zip:	MGRM () Delete PATEL, PREM A MR 409 SE 1ST AVENUE FLORIDA CITY, FL 33034 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete PORCH, C. EDWARD 409 SE 1ST AVENUE, US#1 FLORIDA CITY, FL 33034	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGRM () Delete PATEL, D A 409 SE 1ST AVENUE, US#1	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: PREM A PATEL 04/07/2008