

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091419

FILED
Feb 13, 2009
Secretary of State

Entity Name: OMALAS REALTY ADVISORS, LLC

Current Principal Place of Business:

409 SE 1ST AVENUE, US#1
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

409 SE 1ST AVENUE, US#1
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 84-1723048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, PREM A MR
409 SE 1ST AVENUE, US#1
FLORIDA CITY, FL, FL 33034 US

Name and Address of New Registered Agent:

PATEL, PREM A MR
409 SE 1ST AVENUE, US#1
FL CITY, FL 33034 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, PREM A MR
Address: 409 SE 1ST AVENUE
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: MGRM () Delete
Name: PORCH, C. EDWARD
Address: 409 SE 1ST AVENUE, US#1
City-St-Zip: FLORIDA CITY, FL 33034

Title: MGRM () Delete
Name: PATEL, D A
Address: 409 SE 1ST AVENUE, US#1
City-St-Zip: FLORIDA CITY, FL 33034

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PREMSARAN A PATEL

MGR

02/13/2009

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