

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118236

Entity Name: OMANID 28, LLC

FILED
Jul 19, 2007
Secretary of State

Current Principal Place of Business:

2999 N.E. 191ST STREET, SUITE 900
C/O ADAM R. SCHIFFMAN, P.A.
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2999 N.E. 191ST STREET, SUITE 900
C/O ADAM R. SCHIFFMAN, P.A.
AVENTURA, FL 33180

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHIFFMAN, ADAM R
2999 N.E. 191ST STREET, SUITE 900
AVENTURA, FL 33180 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHIFFMAN, ADAM R
Address: 2999 N.E. 191ST STREET, SUITE 900
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARANGOS, ANDREAS
Address: 2999 N.E. 191ST STREET, SUITE 900
City-St-Zip: AVENTURA, FL 33180

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: ADAM R. SCHIFFMAN

MGR

07/19/2007

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