

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119027

Entity Name: XOMAR LLC

FILED  
Mar 14, 2007  
Secretary of State

## Current Principal Place of Business:

516 E OSCEOLA PARKWAY  
KISSIMMEE, FL 34744

## New Principal Place of Business:

## Current Mailing Address:

516 E OSCEOLA PARKWAY  
KISSIMMEE, FL 34744

## New Mailing Address:

FEI Number: 20-8027335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMOS, LOIDA  
118 SIR PHILLIP DRIVE  
DAVENPORT, FL 33837 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: MGRM ( ) Delete  
Name: RAMOS, LOIDA  
Address: 118 SIR PHILLIP DRIVE  
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM ( ) Delete  
Name: RUNNER, MICHAEL D  
Address: 4537 DARNELL DRIVE  
City-St-Zip: SEBRING, FL 33872

Title: MGR ( ) Delete  
Name: ADORNO, SHEILAH L  
Address: 118 SIR PHILLIP DRIVE  
City-St-Zip: DAVENPORT, FL 33837

Title: MGR ( ) Delete  
Name: RUNNER, LOIDA E  
Address: 4537 DARNELL DRIVE  
City-St-Zip: SEBRING, FL 33872

## 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:

Title: MGR (X) Change ( ) Addition  
Name: RUNNER, LORI E  
Address: 4537 DARNELL DRIVE  
City-St-Zip: SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify for the 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: LOIDA RAMOS

MGR

03/14/2007

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