


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90019 022 ***138.75

DOCUMENT # L07000002505		
1. Entity Name OMANID 4008LPH, LLC		

Principal Place of Business % ADAM R. SCHIFFMAN, P.A. 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180	Mailing Address % ADAM R. SCHIFFMAN, P.A. 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180
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60038179



2. Principal Place of Business - No P.O. Box # 2750 NE 185th Street	3. Mailing Address 2750 NE 185th Street
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Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor
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03052008 Chg-LLC CR2E083 (12/06)

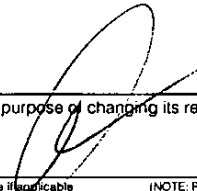
City & State Aventura, FL	City & State Aventura, FL
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4. FEI Number n/a	Applied For <input type="checkbox"/> Not Applicable
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Zip 33180	Country	Zip 33180	Country
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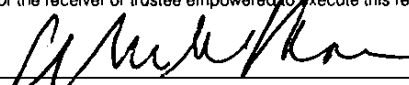
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R ESQ. 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Schiffman, Adam R., Esq. Street Address (P.O. Box Number is Not Acceptable) 2750 NE 185th Street 2nd Floor City Aventura FL Zip Code 33180	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	DATE 4/29/08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARANGOS, ANDREAS 2999 N.E. 191 STREET, #900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Marangos, Andreas 2750 NE 185th Street, 2nd Floor Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4/29/08 Date Daytime Phone #