

2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company OMH, L.C. 808 S. HOWARD TAMPA FL 33606	DOCUMENT # L97000000967
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FILED *8/12*
99 AUG 12 PM 12:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1a. Principal Place of Business Address 808 S. HOWARD TAMPA FL 33606
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2. Principal Place of Business 901 S. Howard Ave. Suite, Apt. #, etc.	2a. Mailing Address 901 S. Howard Ave. Suite, Apt. #, etc.	3. Date Organized or Qualified 08/28/1997	3a. State of Formation FL
City & State Tampa, FL	City & State Tampa, FL	4. FEI Number 59-3471029	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33606	Country USA	5. Date of Last Report 08/10/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent HOFFMAN, MATTHEW P 808 S. HOWARD TAMPA FL 33606	8. Name and Address of New Registered Agent/Office Name Matthew P. Hoffman Street Address (P.O. Box Number is Not Acceptable) 901 S. Howard Ave. Suite, Apt. #, etc. City Tampa FL Zip Code 33606
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *Matthew P. Hoffman* DATE *7/23/99*
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HOFFMAN, MATTHEW P	808 S. HOWARD 901 S. Howard Ave	TAMPA FL 300002962453--0 -08/17/99--01071--012 ****588.75 ****588.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Matthew P. Hoffman* 7/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date