


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001573	
1. Entity Name OMS PROPERTIES, L.L.C.	

Principal Place of Business 1025 AIRPORT PARKWAY SW GAINESVILLE, GA 30501	Mailing Address 1025 AIRPORT PARKWAY SW GAINESVILLE, GA 30501
---	---

DO NOT WRITE IN THIS SPACE



02242005No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2313920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIGGINS, RONALD 3727 CHEROKEE FORD GAINESVILLE, GA 30506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MANSFIELD, MICHAEL 1025 AIRPORT PKWY SW GAINESVILLE, GA 30501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000251273
03/04/05-80046-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: R. Wiggins 3-1-05 678-450-2014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #