'2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001573

1. Entity Name
OMS PROPERTIES, L.L.C.



Principal Place of Business

1025 AIRPORT PARKWAY SW GAINESVILLE, GA 30501 Mailing Address

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FILED Apr 10, 2006 08:00 AM Secretary of State



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03312006 No Chg-LLC CR2E083 (11/05)

4. FEI Number | 58-2313920

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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The above named entity submits this statement for the purpose of characteristics.	Inging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar	with, and accept
the obligations of registered agent.		1	
SIGNATURE Signature, typed or printed name of registered agent and title it applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE	
Filing Fee is \$50.00 Due by May 1, 2006		U00000500285 04/25/06-80015-006 50. 00	

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	MGR WIGGINS, RONALD 3727 CHEROKEE FORD GAINESVILLE, GA 30506	
TITLE NAME SITTET ADDRESS EXTY-ST-ZIP	MEM MANSFIELD, MICHAEL 1025 AIRPORT PKWY SW GAINESVILLE, GA 30501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
HITLE NAME SIMEET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CATY-ST-2TP		
TITLE HAME STREET ADDRESS CHY-ST-ZIP		

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11. I hereby certify that the information supplied with this filling does not quality 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:

HONATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-3-06

p78-450-201

Daytime Phone #