

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000699

Entity Name: OMM PROPERTIES, LLC

FILED  
Feb 04, 2009  
Secretary of State

## Current Principal Place of Business:

5450 MCGINNIS VILLAGE PLACE, SUITE 103  
ALPHARETTA, GA 30005

## Current Mailing Address:

PO BOX 4167  
ALPHARETTA, GA 30023

## New Principal Place of Business:

6679 PEACHTREE IND BLVD  
SUITE G  
NORCORSS, GA 30092

## New Mailing Address:

P.O. BOX 4167  
ALPHARETTA, GA 30023

FEI Number: 58-2371835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: RAMCHANDANI, DEEPAK C  
Address: 5530 COMMONS LANE  
City-St-Zip: ALPHARETTA, GA 30005

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: RAMCHANDANI, VIDYA D  
Address: 5530 COMMONS LANE  
City-St-Zip: ALPHARETTA, GA 30005

Title: MGM ( ) Change (X) Addition  
Name: RAMCHANDANI, NEAL  
Address: 6679 PEACHTREE IND BLVD SUITE G  
City-St-Zip: NORCORSS, GA 30092

I hereby certify that the information supplied with this filing does not qualify 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: VIDYA D RAMCHANDANI

MGR

02/04/2009

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