

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000699

**Entity Name:** OMM PROPERTIES, LLC

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6679 PEACHTREE IND BLVD  
SUITE G  
NORCORSS, GA 30092

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4167  
ALPHARETTA, GA 30023

**New Mailing Address:**

**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  
**Name:** RAMCHANDANI, VIDYA D  
**Address:** 5530 COMMONS LANE  
**City-St-Zip:** ALPHARETTA, GA 30005

**Title:** MGM  
**Name:** RAMCHANDANI, NEAL  
**Address:** 6679 PEACHTREE IND BLVD SUITE G  
**City-St-Zip:** NORCORSS, GA 30092

I hereby 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:** V RAMCHANDANI

MGR

06/17/2010

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