


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  OMP ASSOCIATES, LTD., LIMITED COMPANY 1765 MERRIMAN ROAD AKRON OH 44313		<b>DOCUMENT #</b> M95000000123	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3a. Principal Place of Business Address  1765 MERRIMAN ROAD AKRON OH 44313	
3. Date Organized or Qualified 05/24/1995		3a. State of Formation OH	
4. FEI Number 34-1801241		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 03/25/1996		6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 200002178542--1 Suite, Apt. #, etc. -05/14/97--01094--017 ****203.75 ****203.75 City FL Zip Code	
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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ENTERPRISE CAPITAL D,	1765 MERRIMAN ROAD	AKRON OH
MEM	PETRARCA, LENORA J	1765 MERRIMAN ROAD	AKRON OH
MEM	PENTAGON PARTNERS,	1765 MERRIMAN ROAD	AKRON OH
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: <i>X [Signature]</i>		Enterprise Capital Corp 4/29/97 330-836-9971	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	