


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03Q00049987**

1. Entity Name  
**OGZ HOLDINGS, LLC**



Principal Place of Business <b>999 PONCE DE LEON BLVD. #1045          CORAL GABLES, FL 33134</b>	Mailing Address <b>999 PONCE DE LEON BLVD. #1045          CORAL GABLES, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**



02252005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0484508</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ZOMERFELD, RAYMOND J  
 999 PONCE DE LEON BLVD. #1045  
 CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCARIZ, HIRAM D 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GITLIN, MARK D 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZOMERFELD, RAYMOND J 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134
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 03/05/05-80031-001 50.00

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11. I 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 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: *Raymond Zomerfeld* **Raymond Zomerfeld** **305-444-8288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #