

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90140 006 \*\*\*\*50.00

<b>DOCUMENT # L00000002673</b>					
<b>1. Entity Name</b> OGZ/GRANA FINANCIAL GROUP, LLC					
<b>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>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1022849	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
OCARIZ, HIRAM 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MEM	<b>NAME</b> DIAZ-GARRASTACHO, DENISE		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 2151 LEJEUNE RD. SUITE 312	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> MEM	<b>NAME</b> OCARIZ, HIRAM		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 2151 LEJEUNE RD. SUITE 312	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33132		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> MGR	<b>NAME</b> GITLIN, MARK		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 999 PONCE DE LEON BLVD STE 1045	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> MGR	<b>NAME</b> ZOMERFELD, RAYMOND J		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 999 PONCE DE LEON BLVD STE 1045	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> MGR	<b>NAME</b> CARBALLO, MIRTHA T		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 999 PONCE DE LEON BLVD STE 1045	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> MGR	<b>NAME</b> VIZCAINO, ARMANDO		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 999 PONCE DE LEON BLVD STE 1045	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Mirtha Carballo Mgr</i>			4/28/04 305-444-8288		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		