

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002673

FILED
Mar 15, 2006
Secretary of State

Entity Name: OGZ/GRANA FINANCIAL GROUP, LLC

Current Principal Place of Business:

999 PONCE DE LEON BLVD.
#1045
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BLVD.
#1045
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1022849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCARIZ, HIRAM
999 PONCE DE LEON BLVD.
#1045
CORAL GABLES, FL 33134 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: MEM () Delete
Name: DIAZ-GARRASTACHO, DENISE
Address: 2151 LEJEUNE RD. SUITE 312
City-St-Zip: CORAL GABLES, FL 33134

Title: MEM () Delete
Name: OCARIZ, HIRAM
Address: 2151 LEJEUNE RD. SUITE 312
City-St-Zip: CORAL GABLES, FL 3312

Title: MGR () Delete
Name: GITLIN, MARK
Address: 999 PONCE DE LEON BLVD STE 1045
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: ZOMERFELD, RAYMOND J
Address: 999 PONCE DE LEON BLVD STE 1045
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: CARBALLO, MIRTHA T
Address: 999 PONCE DE LEON BLVD STE 1045
City-St-Zip: CORA, GABLES, FL 33134

Title: MGR () Delete
Name: VIZCAINO, ARMANDO
Address: 999 PONCE DE LEON BLVD STE 1045
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MEM (X) Change () Addition
Name: DIAZ-GARRASTACHO, DENISE
Address: 999 PONCE DE LEON BLVD. #1045
City-St-Zip: CORAL GABLES, FL 33134

Title: MEM (X) Change () Addition
Name: OCARIZ, HIRAM
Address: 999 PONCE DE LEON BLVD. #1045
City-St-Zip: CORAL GABLES, FL 3312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MIRTHA CARBALLO

MGR

03/15/2006

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