

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000002673</b>	
1. Entity Name OGZ/GRANA FINANCIAL GROUP, LLC	
Principal Place of Business 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134	Mailing Address 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134



01102007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1022849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

OCARIZ, HIRAM  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DIAZ-GARRASTACHO, DENISE 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM OCARIZ, HIRAM 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 3312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GITLIN, MARK 999 PONCE DE LEON BLVD STE 1045 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZOMERFELD, RAYMOND J 999 PONCE DE LEON BLVD STE 1045 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARBALLO, MIRTHA T 999 PONCE DE LEON BLVD STE 1045 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIZCAINO, ARMANDO 999 PONCE DE LEON BLVD STE 1045 CORAL GABLES, FL 33134

U00000738419  
05/11/07-80066-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/07