2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# L03000040225

Entity Name: OAG FAMILY, LLC

Current Principal Place of Business:

7405 S.W. 134TH STREET
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7405 S.W. 134TH STREET
MIAMI, FL 33156

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSMAN, ELLEN
7405 S.W. 134TH STREET
MIAMI, FL 33156 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: MGRM ( ) Delete
Name: OAG, INC.,
Address: 7405 S.W. 134TH STREET
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete
Name: OAG, INC.,
Address: 7405 SW 134 STREET
City-St-Zip: MIAMI, FL 33156

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: OSMAN, ELLEN MGRM
Address: 7405 SW 134 STREET
City-St-Zip: MIAMI, FL 33156

Title: MGRM (X) Change ( ) Addition
Name: OSMAN, JACK A MGRM
Address: 3598 NW 27 AVENUE
City-St-Zip: MIAMI, FL 33142

Title: MGRM ( ) Change (X) Addition
Name: OSMAN, DAN S MGRM
Address: 3598 NW 27 AVENUE
City-St-Zip: MIAMI, FL 33142

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: JACK OSMAN MGRM 04/26/2006

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