


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000049987

1. Entity Name
OGZ HOLDINGS, 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



02102007No Chg-LLC CR2E083 (11/05)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 20-0484508 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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**

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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

| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CARBALLO, MIRTHA T 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VIZCAINO, ARMANDO 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DIAZ, DENISE 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134 |

U00000641062
 02/28/07-80091-012 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.