

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000028276

1. Entity Name
GHZ CAPITAL MANAGEMENT LLC



Principal Place of Business
2400 E LAS OLAS BLVD
SUITE H-262
FT LAUDERDALE, FL 33301

Mailing Address
2400 E LAS OLAS BLVD
SUITE H-262
FT LAUDERDALE, FL 33301



04022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GHEZZI, PIERCARLO
2400 E LAS OLAS BLVD
SUITE H-262
FT LAUDERDALE, FL 33301

**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 M
NAME GHEZZI, PIERCARLO
STREET ADDRESS 2400 E LAS OLAS BLVD STE H-262
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE M
NAME GHEZZI, PIERANTONIO
STREET ADDRESS 2400 E LAS OLAS BLVD STE H-262
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE
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04/12/07-80004-013 55.00

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IN THIS SPACE**

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 #