2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# L04000060646

Entity Name: OGG, LLC

Current Principal Place of Business:

32 SHADY LANE
TEQUESTA, FL 33469 US

New Principal Place of Business:

Current Mailing Address:

32 SHADY LANE
TEQUESTA, FL 33469 US

New Mailing Address:

FEI Number: 20-1498794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAHONEY, PATRICK
32 SHADY LANE
TEQUESTA, FL 33469 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:	MAHONEY, PATRICK	
Address:	32 SHADY LANE	
City-St-Zip:	TEQUESTA, FL 33469 US	
Title:	MGRM	( ) Delete
Name:	MOFFITT, JACK	
Address:	1408 ADAMS STREET, NE	
City-St-Zip:	ALBUQUERQUE, NM 87110 US	
Title:	MGRM	( ) Delete
Name:	CHASE, ANDREW	
Address:	PINE NOOK ROAD	
City-St-Zip:	DEERFIELD, MA 01342 US	

ADDITIONS/CHANGES:

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 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: PATRICK MAHONEY MGRM 06/15/2009

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