

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L05000039451

1. Entity Name  
OZ LLC



Principal Place of Business  
152 FLORIDA SHORES BLVD  
DAYTONA BEACH, FL 32119

Mailing Address  
152 FLORIDA SHORES BLVD  
DAYTONA BEACH, FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006 Chg-LLC CR2E083 (11/05)

4. FEJ Number  
20-2749622

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEN-HAROSH, OREN  
152 FLORIDA SHORES  
DAYTONA BEACH, FL 32119

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 remailing)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BEN-HAROSH, OREN  
STREET ADDRESS 152 FLORIDA SHORES BLVD  
CITY-ST-ZIP DAYTONA BEACH, FL 32119

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE MGR  
NAME SHEFER, ZIV  
STREET ADDRESS 58 CHIPPINGWOOD LANE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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, manager, or authorized representative

4.27.06

Date

Daytime Phone #