

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90305 036 ****50.00

DOCUMENT # L05000069197					
1. Entity Name OG 1701, LLC					
Principal Place of Business 18851 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180			Mailing Address 18851 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # 9130 S. DADELANO BLVD		3. Mailing Address 9130 S. DADELANO BLVD			
Suite, Apt. #, etc. 1600		Suite, Apt. #, etc. 1600			
City & State Miami FLORIDA		City & State Miami FLORIDA			
Zip 33156	Country USA	Zip 33156	Country USA	4. FEI Number 20-3164866	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROUSSO, MARK E ESQ. 18851 NE 29TH AVENUE SUITE 900 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name MARIO GUZMAN Street Address (P.O. Box Number is Not Acceptable) 9130 S. DADELANO BLVD. SUITE 1600 City, Miami FL Zip Code 33156		
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 MARIO GUZMAN 03/07/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPELLINO, MARIANO 18851 NE 29TH AVENUE, SUITE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: MARIANO CAPELLINO MGRM 03/07/07 305-670-198 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					