


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # M02000000964 1. Entity Name THE OZER GROUP LLC	
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Principal Place of Business 75 SECOND AVE. NEEDHAM, MA 02494	Mailing Address 75 SECOND AVE. NEEDHAM, MA 02494
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

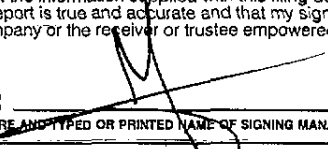
1000000320806
04/21/05-80049-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIN, MARK A THE OZER GROUP-75 SECOND AVE NEEDHAM, MA 02494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, STEPHEN G THE OZER GROUP-75 SECOND AVE NEEDHAM, MA 02494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINSTEIN, WILLIAM J THE OZER GROUP-75 SECOND AVE NEEDHAM, MA 02494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **12 APR 2005** **781-707 4250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #