2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 02, 2007 08:00 AM **Secretary of State**

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1. Entity Name O-CG GP, LLC



Principal Place of Business

4669 SOUTHWEST FREEWAY

SUITE 400 HOUSTON, TX 77027 US Mailing Address

4669 SOUTHWEST FREEWAY

SUITE 400

HOUSTON, TX 77027 US

01042007 No Chg-LLC

CR2E083 (11/05)

 \Box

4. FEI Number 35-2184178

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

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	NATURE		Agent signature required when leinstating)	DATE	
Fi D	lling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBSSON, JOHN 60 COLUMBUS CIRLCE 20TH FLOOR NEW YORK, NY 10023				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITZNER, IRA 4669 SOUTHWEST FREEWAY SUITE 400 HOUSTON, TX 77027			U00000654009 03/13/07-80044-020 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ,				
TITLE NAME STREET ADDRESS CITY-ST-7IB					

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE