

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B06000000207

FILED
Apr 23, 2009
Secretary of State

Entity Name: OXFORD INSURANCE SERVICES LIMITED

Current Principal Place of Business:

820 GESSNER, SUITE 1000
HOUSTON, TX 77024

New Principal Place of Business:

Current Mailing Address:

820 GESSNER, SUITE 1000
HOUSTON, TX 77024

New Mailing Address:

FEI Number: 20-2274771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

GENERAL PARTNER INFORMATION:

Document #:

Name: GALTNEY, WILLIAM F JR.

Address: 820 GESSNER, SUITE 1000

City-St-Zip: HOUSTON, TX 77024

Document #: M06000002481

Name: OXFORD GP SERVICES, LLC

Address: 820 GESSNER, SUITE 1000

City-St-Zip: HOUSTON, TX 77024

ADDRESS CHANGES ONLY:

Address:

City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: WILLIAM F. GALTNEY, JR.

GP

04/23/2009

Electronic Signature of Signing General Partner

Date