2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
DOCU	MENT # M01000002130				•	
1. Entity Nam	ne -	-				
OXBOW	MINING, LLC					
Principal Plac	e of BusinessMaili	ng Address				
		1 FORUM PLACE, STE. P-2				
WEST PALM	BEACH, FL 33401 WES	ST PALM BEACH, FL 33401				
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DO NOT WRITE IN THIS SPAC				01122005No Chg-LLC	CR2E083 (10/03)	
			CE	4. FEI Number 65-1135317	Applied For Not Applicable	
			· ·	5. Certificate of Status Des	\$5.00 Additional	
	· · · · · · · · · · · · · · · · · · ·	17 12, 1	**************************************	5. Certificate of Status Des	Fee Required	
	6. Name and Address of Current Register	ed Agent	ton above to both . C	V. 15500.000.000. 00 0 10 10 1 1 1 1 1 1 1 1 1		
CORPORATION SERVICE COMPANY				DO NOT	WRITE	
1201 HAYS STREET						
TALLAHASSEE, FL 32301-2525			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.		<u> </u>				
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE						
Filing Fee is \$50.00 Due by May 1, 2005			U00000182326 01/19/05-80022-025 50.00			
		0.000		Q41 4Q1	CO COULT OLD COLO	
9.	MANAGING MEMBERS/MAN	IAGERS	·			
TITLE NAME	KOCH, WILLIAM I		1			
STREET ADDRESS	1601 FORUM PLACE, STE. P-2					
CITY-ST-ZIP	WEST PALM BEACH, FL 33401					
TITLE	VP					
name Street address	ACTON, BRIAN L 1601 FORUM PLACE, SUITE P-2	•				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		İ			
TITLE	S		2 12 10 C 20 C 20 C C C C C C C C C C C C C C	";		
NAME	CALLAHAN, RICHARD P		[·	• • •		
STREET ADDRESS 1601 FORUM PLACE, SUITE P-2		1	DO NOT WRITE			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		AC a transfer out.			
TITLE	T SHIPLEY, ZACHARY	-		IN THIS	SPACE	
NAME STREET ADDRESS	1601 FORUM PLACE, SUITE P-2					
CITY-ST-ZIP	WEST PALM BEACH, FL 33401					
TITLE			1			
NAME						
STREET ADDRESS						

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 trustice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS

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

1/13/05

561-697-4300

Daytime Phone #