


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILED  
 99 APR -7 AM 9:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	--

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M95000000284</b>  OXFORD CAPITAL MANAGEMENT, L.L.C. 6745 WOODBRIDGE DRIVE BOCA RATON FL 33434	
---	--

1a. Principal Place of Business Address  6745 WOODBRIDGE DRIVE BOCA RATON FL 33434
---

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/27/1995	DE
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
				03/02/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
DERN, ALVIN 6745 WOODBRIDGE DRIVE BOCA RATON FL 33434		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		7000002841207 -04/15/98--0118--014 ****188.75 ****188.75 FL Zip Code	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *Alvin Dern* DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DERN, ALVIN	6745 WOODBRIDGE DRIVE	BOCA RATON FL
MGRM	DERN, MARK	6745 WOODBRIDGE DRIVE	BOCA RATON FL
MEM	SOUTHWEST CORPORATIO,	6745 WOODBRIDGE DRIVE	BOCA RATON FL

*SL*  
*4-14-99*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Alvin Dern* 4/3/99 561 482 7203  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER; MAILING ADDRESS MULTIFORM SIGNATURE