FOR LIMITED PARTNERSHIP DOCUMENT # A30811 1. Name of (invited Partnership) OXFORD NON-LIQUID INVE		Socrotal of Stat	NIC	TARY OF STA I OF CORPORA				
			4. Dale Fo	DO NOT WRIT	E IN THIS \$P	ACE		
2. Mailing Addross 7545 N. Kendall Drive		3. Principal Office Address 7545 N. Kendall Drive		med or Registered usiness in Florida	11/	15/19	90	
Suite, Apt #, etc	Suite, Apt ⊯, etc		5. FEI Nun				Applied For	
City & Sinte Miami, FL 33156	City & State Miami, FL	33156	65009 6.	0076			Not Applicab	
Zip 33156 USA	200				CERTIFICATE OF STATUS DESIRED S8 75 Additional Lee requir			
88. Capital Contributions ev Showi			7. State or	Country of Formation	FL			
 State Common Constrained Constrai	FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum o \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$80.75 for each year due this office, beginning with 1992 catendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year teport form is delinquent. Noto: If the amount entered in 8b is greater than amount entered in 8a, a supplemental effidavit must be submitted along with a separate and appropriate filing fee.							
9. Name and Address of C	Current Registered Agent	· · · · · · · · · · · · · · · · · · ·	10. If ch	angod, new registered	agent/office			
DAILEY, RICHARD 1201 BRICKELL AVE MIAMI FL 33131		Street Add	ILEY, RICHARD Iress (P.O. Box Number is No 5 N. KENDALL	t Acceptable) DR				
		Suite, Apt	#, etc					
		City			FL	Zip Code	56	
for the purpose of changing its registered of agent 1 am familiar with, and accept the obli	tice or register of agents or both, in the S igation of Schon 620 192. Florida Statu	City MIA pove-named limited parts tate of Fiorida Such cha	MI hership organized or registere	d under the laws of the heral partnor(s). Thereb	FL State of Florid y accept the d	da, submits	s this statement	
Ior the purpose of changing its registered of agent. Tam familiar with, and accept the old SIGNATURE (Registered Agent Accepting Appointer A GENERAL PARTNER TH	Ince or register or agent, or both, in the S gadient of St. Kon 620 192. Florida State (a)	City MIA Jovo-nemed limited parts tate of Fiorida Such cha ites	MI ership organized or registero inge was authorized by its ge PARTNERSHI	POR OTHEF	y accept the a	da, submits appointme	s this statement nt of registered	
Ior the purpose of changing its registered of agent. Lam familiar with, and accept the obli SIGNATURE (Registered Agent Accepting Appointmin A GENERAL PARTNER TH	Ince or register or agent, or both, in the S gadinis of St. Kon 620 192, Florida Statu rit)	City MIA Jove-nemed limited parts tate of Fiorida Such cha ites	MI ership organized or registero inge was authorized by its ge PARTNERSHI	DATE POR OTHEF DFFICE.	y accept the a	da, submits appointme C-SS NESS Rege	s this statement nt of registered	
agent 1 am familiar with, and accept the oble SIGNATURE (Registered Agent Accepting Appointer A GENERAL PARTNER TH M	International and the second s	City MIA pove-named limited part state of Fiorida. Such cha ites ION, LIMITEE D AND ACTI General Partner ffice Box Numbers)	MI hership organized or registerc inge was authorized by its ge PARTNERSHII VE WITH THIS (DATE DATE POR OTHEF DFFICE. d Zip Code	y accept the a	da, submits appointme S NESS Rege Docume	this statement of registered ENTITY	
Ior the purpose of changing its registered of agent. Fam familiar with, and accepting Appointer A GENERAL PARTNER TH M 11. Names of General Partner(s)	Ince or register or agent, or both, in the S gadour of St. Kon 620 192, Florida State (INT IS A CORPORAT UST BE REGISTERE Address of Each (Do NOT Use Post O	City MIA pove-named limited part state of Fiorida. Such cha ites ION, LIMITEE D AND ACTI General Partner ffice Box Numbers)	AMI hership organized or registero ingo was authorized by its ge PARTNERSHI VE WITH THIS (City, State an Miami, FI	DATE DATE POR OTHEF DFFICE. d Zip Code	y accept the S - S BUSIN 11a. K286	da, submits appointme 	this statement nt of registered ENTITY stration nl Number	

ģ

A THE AND THE REPORT OF A THE A

, 6