

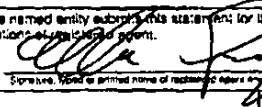
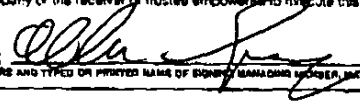
FILED
May 23, 2005 8:00 am
Secretary of State

04/22/2005 07:43 7277248978

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04-27-2005 90032 025 *****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000011443			
1. Entity Name OXYGEN ENTERPRISES, L.L.C.			
Principal Place of Business 34918 U. S. 19 NORTH PALM HARBOR, FL 34684		Mailing Address 34918 U. S. 19 NORTH PALM HARBOR, FL 34684	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Fil Number 86-1077259		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOX, GREGORY A 28050 U. S. 19 NORTH SUITE 100 CLEARWATER, FL 33781		7. Name and Address of New Registered Agent Name Michael Dris Esq Street Address (P.O. Box Number is Not Acceptable) 29 North Pinellas Ave City TARPON SPRINGS FL Zip Code 34681	
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, this registered agent.			
SIGNATURE  DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIEGEL, ALLAN M 34918 U. S. 19 NORTH PALM HARBOR, FL 34684 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.03(2)(X), 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 trustee empowered to file this report as required by Chapter 602, Florida Statutes.			
SIGNATURE:  DATE _____			