

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90066 035 \*\*\*\*50.00

<b>DOCUMENT # L04000012948</b>					
<b>1. Entity Name</b> BOB OXNARD LC					
<b>Principal Place of Business</b> 1540 WHISKEY CREEK DRIVE FT. MYERS, FL 33919			<b>Mailing Address</b> 1540 WHISKEY CREEK DRIVE FT. MYERS, FL 33919		
<b>2. Principal Place of Business</b> 1346 CHALON LANE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1346 CHALON LANE Suite, Apt. #, etc.			
<b>City &amp; State</b> FT. MYERS Zip: 33919		<b>City &amp; State</b> FT. MYERS Zip: 33919		<b>4. FEI Number</b> 20-0742888	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b> OXNARD, ROBERT T 1540 WHISKEY CREEK DRIVE FT. MYERS, FL 33919			<b>7. Name and Address of New Registered Agent</b> Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> Zip Code:		
<b>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.</b> SIGNATURE: <u>[Signature]</u> MGR DATE: <u>7/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE: MGR NAME: OXNARD, ROBERT T STREET ADDRESS: 1540 WHISKEY CREEK DR. CITY-ST-ZIP: FT. MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE: MGR NAME: OXNARD, ROBERT T. STREET ADDRESS: 1346 CHALON LANE CITY-ST-ZIP: FT. MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: MGR NAME: JENNIFER L. LETOURNEAU STREET ADDRESS: 4334 HARBOUR LANE CITY-ST-ZIP: N. FT. MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> MGR			Date: <u>7/12/05</u> Daytime Phone #: <u>239.841.0961</u>		