

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012948

Entity Name: BOB OXNARD LC

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

1346 CHALON LANE
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

1346 CHALON LANE
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 20-0742888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OXNARD, ROBERT T
1540 WHISKEY CREEK DRIVE
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

OXNARD, ROBERT T
1346 CHALON LANE
FT. MYERS, FL 33919 US

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.

SIGNATURE:

01/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OXNARD, ROBERT T
Address: 1346 CHALON LANE
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: LETOURNEAN, JENNIFER
Address: 4334 HARBOUR LANE
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: ROBERT T. OXNARD

MGR

01/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date