2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L04000012948

Entity Name: BOB OXNARD LC

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
1346 CHALON LANE
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

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 01/15/2007

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