

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026386

Entity Name: OXFORD CONSULTING, LLC

FILED
Jan 25, 2008
Secretary of State

Current Principal Place of Business:

3407 WINKLER AVE. EXT
322
FT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2528 KINGS LAKE BLVD.
NAPLES, FL 34112

New Mailing Address:

3407 WINKLER AVE. EXT
322
FT MYERS, FL 33916

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETTCHER, CORA
3407 WINKLER AVE. EXT
FT MYERS, FL 33916 US

Name and Address of New Registered Agent:

BETTCHER, CORA
2528 KINGS LAKE BLVD.
NAPLES, FL 34112 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:

01/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SNYDER, DOUGLAS P
Address: 434 PRONONTORY TERRACE
City-St-Zip: SAN RAMON, CA 94583

Title: DIR () Delete
Name: MINEI, LARRY
Address: 19047 CYPRESS CRIK CT.
City-St-Zip: BOCA RATON, FL 33948

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SNYDER, DOUGLAS P
Address: 3407 WINKLER AVE. EXT # 322
City-St-Zip: FT MYERS, FL 33916

Title: DIR (X) Change () Addition
Name: HANDAYANI, MADE W
Address: 434 PROMONTORY TERRACE
City-St-Zip: SAN RAMON, CA 94583

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS P. SNYDER

MGR

01/25/2008

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