

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

04-20-2006 90024 009 ****50.00

DOCUMENT # L05000012266			
1. Entity Name BLUE OX ENTERPRISES, LLC			
Principal Place of Business 706 TURNBULL AVENUE SUITE 102 ALTAMONTE SPRINGS, FL 32701 US		Mailing Address 706 TURNBULL AVENUE SUITE 102 ALTAMONTE SPRINGS, FL 32701 US	
2. Principal Place of Business 235 N Longwood St Suite, Apt. #, etc.		3. Mailing Address PO Box 520986 Suite, Apt. #, etc.	
City & State Longwood, FL		City & State Longwood, FL	
Zip 32750		Country US	
4. FEI Number 20-2296276		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEMBRICH, MATHEW 706 TURNBULL AVENUE SUITE 102 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name: Lembrich, Mathew Street Address (P.O. Box Number is Not Acceptable): 235 N. Longwood St City: Longwood, FL Zip Code: 32750	
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. SIGNATURE: <u>M Lembrich</u> DATE: <u>4/17/06</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEMBRICH, STEVE 1890 19TH STREET ORANGE CITY, FL 32763 <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	MGR LEMBRICH, MATHEW 2880 HOOVER DRIVE DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 193 Sunnysdale Dr DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEMBRICH, SCOTT 1379 WHITEWOOD DRIVE DELTONA, FL 32725 <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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
SIGNATURE: <u>M Lembrich</u>		Date: <u>4/17</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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