

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012266

FILED
Jul 31, 2008
Secretary of State

Entity Name: BLUE OX ENTERPRISES, LLC

Current Principal Place of Business:

235 N LONGWOOD ST
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 520986
LONGWOOD, FL 32752 US

New Mailing Address:

FEI Number: 20-2296476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEMBRICH, MATHEW
235 N LONGWOOD ST
LONGWOOD, FL 32750 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: LEMBRICH, STEVE
Address: 1690 19TH STREET
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGR () Delete
Name: LEMBRICH, MATHEW
Address: 193 SUNNYDALE DR
City-St-Zip: DEBARY, FL 32713 US

Title: MGR () Delete
Name: LEMBRICH, SCOTT
Address: 1379 WHITEWOOD DRIVE
City-St-Zip: DELTONA, FL 32725 US

ADDITIONS/CHANGES:

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

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 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: RALPH LEMBRICH

MGR

07/31/2008

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