2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2008 8:00 am Secretary of State **DOCUMENT # L05000027804** 1. Entity Name 04-24-2008 90021 017 ***138.75 OXLÉY GROUP LLC Principal Place of Business Mailing Address CALLE AQUILINO DE LA GUARDIA NO. 8 701 BRICKELL AVENUE ENASARTA IGRA BUILDING, 2ND FLOOR MIAMI, FL 33131 PANAMA, REPUBLIC OF PANAMA, XX XΧ 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 City Zip Code 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. 113 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE \$ \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE □ Change ☐ Addition HERRERA, MARIELA I G NAME NAME STREET ADDRESS CALLE AQUILINO DE LA GUARDIA NO. 8 STREET ADDRESS PANAMA, REPUBLIC OF PANAMA, XX CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Mariela I. Herrera G.

ND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 21, 2008

Date

Daytime Phone #

FILED