2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

			KEPUKI 🔨				1/1 -	Q 4		CO	4 4
DOCUMENT # L05000048107 1. Entity Name BLUE OX INVESTMENTS LLC								Secreta 01-13-2006	•		
	•						•.				
Principal Plac	e of Busines:	3	Mailing Address								
3514 SHOREWOOD DRIVE KISSIMMEE, FL 34746			3514 SHOREWOOD DRIVE KISSIMMEE, FL 34746				30000499				
,			·					H COMO ERIN ERRI STAN ECIR	im inn ii	E HINI BERLLER	LEED OF STATE
2. Principal Place of Business			3. Mailing Address								
94/ No. HARBOR CITY BLVD Suite, Apt. #, etc.			441 No. HARBOR CITY BLVD Suite, Apt. #, etc.				01402006	Ot- 11 O	¢Doco.	10 (44(0 E)	
UNIT C.7			UNIT C.7				01102006	Chg-LLC	CRZEO	33 (11/05)	
City & State MELNOURNE FL			City & State MECBOURNE FL			İ	4. FEI Numi	er 295-66			oplied For ot Applicable
Zip	, , , ,	Country	Zip	Coun	•			e of Status Desired		5.00 Add	
329.35	6. Name	USA and Address of Current F	32935 Registered Agent	US	14.4		7. Name an	d Address of New Re			
					Name G F R I	010	א א				
SOLY, PETER J 3514 SHOREWOOD DRIVE			Stre			RALD J NO LL Address (P.O. Box Number is Not Acceptable) No. HARROR CITY BLVD					
KISSIMMEE, FL 34748									X.Y		
			City						FL	Zip Cod	·
			the purpose of changing its	register	MELS!			oth, in the State of Flor			
the obligat	tions of regist	ered agent.	111					•		_	
SIGNATURE	Signature, typed	or printed respit of registered agent a	nd titu il applicable. (NOT	: Registere	i Agent elgneture	e required	when reinstating)		-/0 0 6	<u>. </u>	
				•							
Filing Fee Is \$50.00 Due by May 1, 2008							Make check payable to Florida Department of State				
ľ		71, 2006		•				ľ	-	-	•
9.	Luceu	MANAGING MEMBE		10.		<u> </u>		ľ	Departme CHANGES	nt of State	<u>:</u>
9. TITLE .	MGRM SOLY, PE	MANAGING MEMBE	RS/MANAGERS	10.	.	HGR SOL	PETE	ADDITIONS/0	Departme CHANGES	-	Addition
TITLE NAME STREET ADDRESS	SOLY, PE	MANAGING MEMBER		NAM STRE	E ;	186 /	Y, PETEI INDREU	ADDITIONS/O	Departme CHANGES	nt of State	<u>:</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLY, PE 3514 SHO KISSIMMI	MANAGING MEMBE	□ Delete	NAM STRE CITY	E ST-ZIP C	186 /	PETE	ADDITIONS/O	Departme CHANGES	of State	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SOLY, PE 3514 SHO KISSIMMI MGRM NOLL, GE	MANAGING MEMBER TER J DREWOOD DRIVE EE, FL 34746 FRALD J	□ Delete	TITLE NAME STRE CITY TITLE NAME	E ET ADDRESS / CST-ZIP C	186 /	Y, PETEI INDREU	ADDITIONS/O	Departme CHANGES	nt of State	<u>:</u>
TITLE NAME STREET ADDRESS CATY-ST-ZIP	SOLY, PE 3514 SHO KISSIMMI MGRM NOLL, GE 441 N. HA	MANAGING MEMBER TER J DREWOOD DRIVE EE, FL 34746	□ Delete	TITLE NAME STREE CITY TITLE NAME STREE	E ET ADDRESS // -S1-ZIP (186 /	Y, PETEI INDREU	ADDITIONS/O	Departme CHANGES	of State	☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS	SOLY, PE 3514 SHO KISSIMMI MGRM NOLL, GE 441 N. HA	MANAGING MEMBER TER J DREWOOD DRIVE EE, FL 34746 ERALD J ARBOR CITY BLVD UN	□ Delete	TITLE NAME STREE CITY TITLE NAME STREE	E ET ADDRESS // -ST-ZIP C E E ET ADDRESS -ST-ZIP	186 /	Y, PETEI INDREU	ADDITIONS/O	Departme CHANGES	of State	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SOLY, PE 3514 SHO KISSIMMI MGRM NOLL, GE 441 N. HA	MANAGING MEMBER TER J DREWOOD DRIVE EE, FL 34746 ERALD J ARBOR CITY BLVD UN	□ Delete □ Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME NAME NAME	E ET ADDRESS / C -S1-7IP C E E ET ADDRESSS1-7IP	186 /	Y, PETEI INDREU	ADDITIONS/O	Departme CHANGES	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SOLY, PE 3514 SHO KISSIMMI MGRM NOLL, GE 441 N. HA	MANAGING MEMBER TER J DREWOOD DRIVE EE, FL 34746 ERALD J ARBOR CITY BLVD UN	□ Delete □ Delete	TITLE MAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS // -S1-ZIP C E ET ADDRESS -S1-ZIP	186 /	Y, PETEI INDREU	ADDITIONS/O	Departme CHANGES	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SOLY, PE 3514 SHO KISSIMMI MGRM NOLL, GE 441 N. HA	MANAGING MEMBER TER J DREWOOD DRIVE EE, FL 34746 ERALD J ARBOR CITY BLVD UN	□ Delete □ Delete	TITLE MAM STRE CITY TITLE NAM STRE CITY TITLE MAM STRE CITY TITLE TITLE TITLE TITLE TITLE TITLE TITLE	E ET ADDRESS / C E ET ADDRESS - ST - ZIP E ET ADDRESS - ST - ZIP E ET ADDRESS - ST - ZIP	186 /	Y, PETEI INDREU	ADDITIONS/O	CHANGES	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLY, PE 3514 SHO KISSIMMI MGRM NOLL, GE 441 N. HA	MANAGING MEMBER TER J DREWOOD DRIVE EE, FL 34746 ERALD J ARBOR CITY BLVD UN	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME NAME NAME NAME NAME NAME NAME NAM	E ET ADDRESS / C E ET ADDRESS - ST - ZIP E ET ADDRESS - ST - ZIP E ET ADDRESS - ST - ZIP	186 /	Y, PETEI INDREU	ADDITIONS/O	CHANGES	Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP	SOLY, PE 3514 SHO KISSIMMI MGRM NOLL, GE 441 N. HA	MANAGING MEMBER TER J DREWOOD DRIVE EE, FL 34746 ERALD J ARBOR CITY BLVD UN	Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY	E ET ADDRESS / C E ET ADDRESS - ST - ZIP E ET ADDRESS - ST - ZIP E ET ADDRESS - ST - ZIP	186 /	Y, PETEI INDREU	ADDITIONS/O	CHANGES	Change Change Change	Addition Addition Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	SOLY, PE 3514 SHO KISSIMMI MGRM NOLL, GE 441 N. HA	MANAGING MEMBER TER J DREWOOD DRIVE EE, FL 34746 ERALD J ARBOR CITY BLVD UN	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE MAMM STREE CITY TITLE MAMM STREE CITY TITLE MAMM STREE CITY TITLE MAMM STREE CITY TITLE NAMM STREE	E ET ADDRESS / C E ET ADDRESS - ST - ZIP	186 /	Y, PETEI INDREU	ADDITIONS/O	CHANGES	Change	Addition Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS	SOLY, PE 3514 SHO KISSIMMI MGRM NOLL, GE 441 N. HA	MANAGING MEMBER TER J DREWOOD DRIVE EE, FL 34746 ERALD J ARBOR CITY BLVD UN	Delete	TITLE MAMM STREE CITY TITLE NAMM STREE CITY	ET ADDRESS / C ET ADDRESS / C ET ADDRESS - ST - ZIP	186 /	Y, PETEI INDREU	ADDITIONS/O	CHANGES	Change Change Change	Addition Addition Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME	SOLY, PE 3514 SHO KISSIMMI MGRM NOLL, GE 441 N. HA	MANAGING MEMBER TER J DREWOOD DRIVE EE, FL 34746 ERALD J ARBOR CITY BLVD UN	Delete Delete Delete Delete Delete	TITLE MAMM STREE CITY TITLE NAMM STREE CITY	E ET ADDRESS / C E ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP	186 /	Y, PETEI INDREU	ADDITIONS/O	CHANGES	Change Change Change	Addition Addition Addition Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	SOLY, PE 3514 SHO KISSIMMI MGRM NOLL, GE 441 N. HA	MANAGING MEMBER TER J DREWOOD DRIVE EE, FL 34746 ERALD J ARBOR CITY BLVD UN	Delete	TITLE MAMM STREE CITY TITLE NAMM NAMM NAMM NAMM NAMM NAMM	ET ADDRESS / C ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP	186 /	Y, PETEI INDREU	ADDITIONS/O	CHANGES	Change Change Change	Addition Addition Addition

CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE:

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.



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2006

BLUE OX INVESTMENTS LLC 441 NO. HARBOR CITY BLVD UNIT C-7 MELBOURNE, FL 32935

Subject: BLUE OX INVESTMENTS LLC

Reference Number:

L05000048107

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION