


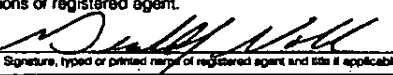
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-13-2006 90038 047 *****50.00

30000499



DOCUMENT # L05000048107			
1. Entity Name BLUE OX INVESTMENTS LLC			
Principal Place of Business 3514 SHOREWOOD DRIVE KISSIMMEE, FL 34746		Mailing Address 3514 SHOREWOOD DRIVE KISSIMMEE, FL 34746	
2. Principal Place of Business 441 No. HARBOR CITY BLVD Suite, Apt. #, etc. UNIT C-7 City & State MELBOURNE FL Zip 32935		3. Mailing Address 441 No. HARBOR CITY BLVD Suite, Apt. #, etc. UNIT C-7 City & State MELBOURNE FL Zip 32935	
Country USA		Country USA	
4. FEI Number 14-1929566		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLY, PETER J 3514 SHOREWOOD DRIVE KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name GERALD J NOLL Street Address (P.O. Box Number is Not Acceptable) 441 No. HARBOR CITY BLVD UNIT C-7 City MELBOURNE FL Zip Code 32935	
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  DATE 1-10-06 <small>(NOTE: Registered Agent signature required when reappointing)</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	MGRM SOLY, PETER J 3514 SHOREWOOD DRIVE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLY, PETER J 186 ANDREWS LN CROSSVILLE TN 38555 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOLL, GERALD J 441 N. HARBOR CITY BLVD UNIT C-7 MELBOURNE, FL 32935 <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
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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





ATTACHMENT

30000499

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 **has not been filed** 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