


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000086837 1. Entity Name OXFORD SQUARE RB-GEM, LLC	
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Principal Place of Business 4937 SW 75TH AVENUE, BLDG. B UNIT 21 MIAMI, FL 33155	Mailing Address 4937 SW 75TH AVENUE, BLDG. B UNIT 21 MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE

04262007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4810588	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

JAIME, VIVIAN A
555 NE 15TH STREET, STE. 100
MIAMI, FL 33132

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

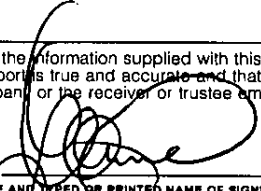
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RB-GEM MANAGEMENT, LLC 4927 SW 75TH AVENUE, BLDG. B UNIT 21 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INVESTORS CAPITAL MORTGAGE GROUP, INC. 1414 NW 107TH AVENUE, STE. 109 MIAMI, FL 33172
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05/15/07-80120-008.50.00

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____