


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L05000095481

1. Entity Name  
 OXFORD ICM, LLC



Principal Place of Business 1414 N.W. 107 AVENUE 109 MIAMI, FL 33172 US	Mailing Address 1414 N.W. 107 AVENUE 109 MIAMI, FL 33172 US
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01122007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3543857	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BALZOLA, CARLOS  
 1414 N.W. 107 AVENUE  
 109  
 MIAMI, FL 33172

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

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


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALZOLA, CARLOS 1414 N.W. 107 AVE SUITE 109 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ PLA, JORGE 1414 N.W. 107 AVE SUITE 109 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, GLENDA 1414 N.W. 107 AVE SUITE 109 MIAMI, FL 33172
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000744204  
 05/15/07-80140-002 50.00

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 4-27-07 DAYTIME PHONE #: 305 716 0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE