


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90106 029 ***138.75

DOCUMENT # L05000100117			
1. Entity Name OXO1 GP, LLC			
Principal Place of Business 1142 KELHAN AVE OCOE, FL 34761		Mailing Address 1142 KELHAN AVE OCOE, FL 34761	
2. Principal Place of Business - No P.O. Box # 1142 Kelton Ave		3. Mailing Address 1090 Don Mills Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 600	
City & State Ocoee FL		City & State Toronto On	
Zip 34761	Country U.S.A.	Zip M3C 3R6	Country Canada
6. Name and Address of Current Registered Agent LANG, THOMAS F 1142 KELHAN AVE OCOE, FL 34761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1142 Kelton Avenue City Ocoee FL Zip Code 34761	
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) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMAK PROPERTIES, LLC 1090 DON MILLS ROAD, SUITE 600 TORONTO, ON M3C 3R6 <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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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02/21/08

60012502



02192008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3889192

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required