

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001660

Entity Name: OXFORD SLADE PARTNERS, LLC

FILED
Mar 14, 2008
Secretary of State

Current Principal Place of Business:

1015 SE FORT KING ST.
OCALA, FL 34481 US

New Principal Place of Business:

1015 SE FORT KING ST.
OCALA, FL 34471 US

Current Mailing Address:

1015 SE FORT KING ST.
OCALA, FL 34481 US

New Mailing Address:

3101 SW 34TH AVE
BOX 905216
OCALA, FL 34474 US

FEI Number: 20-4955904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANASTASIA, JOHN R
1015 SE FORT KING ST.
OCALA, FL 34481 US

Name and Address of New Registered Agent:

ANASTASIA, JOHN R
1015 SE FORT KING ST.
OCALA, FL 34471 US

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.

SIGNATURE:

03/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADVANCED LAND HOLDIN, GS, INC.
Address: 4510 WEST HWY 40
City-St-Zip: Ocala, FL 34482

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ADVANCED LAND HOLDIN, GS, INC.
Address: 1951 SW 18TH CT STE. C
City-St-Zip: Ocala, FL 34474

Title: MGRM () Change (X) Addition
Name: SLADE PROPERTIES, LL, C
Address: 3101 SW 34TH AVE BOX 905216
City-St-Zip: Ocala, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN ANASTASIA

MGRM

03/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date