

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035958

FILED
Jul 02, 2009
Secretary of State

Entity Name: OXFORD CAPITAL GROUP, LLC

Current Principal Place of Business:

150 ALHAMBRA CIRCLE, SUITE 925
CORAL GABLES, FL 33134

New Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE 925
CORAL GABLES, FL 33134 US

Current Mailing Address:

150 ALHAMBRA CIRCLE, SUITE 925
CORAL GABLES, FL 33134

New Mailing Address:

150 ALHAMBRA CIRCLE
SUITE 925
CORAL GABLES, FL 33134 US

FEI Number: 20-4729551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LARREA & ORTEGA
150 ALHAMBRA CIRCLE, SUITE 950
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DADE CORPORATE SERVICES, INC
2300 CORAL WAY
MIAMI, FL 33145 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: VIVIAN WILLIAMS

07/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOPEZ-CANTERA, CARLOS C
Address: 150 ALHAMBRA CIRCLE, SUITE 925
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOPEZ-CANTERA, CARLOS C
Address: 150 ALHAMBRA CIRCLE, SUITE 925
City-St-Zip: CORAL GABLES, FL 33134 US

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: CARLOS C. LOPEZ-CANTERA

MGRM

07/02/2009

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