

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076361

FILED  
Jun 04, 2008  
Secretary of State

**Entity Name:** ROXBURY CAPITAL MARKETS, LLC

**Current Principal Place of Business:**

1111 NORTHEAST 32ND TERRACE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1652  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 20-5311394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

SPIEGEL & ULTRERA PA  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRS ( ) Delete  
Name: JOHNSTON, RYAN D  
Address: 1111 NORTHEAST 32ND TERRACE  
City-St-Zip: OCALA, FL 34470

Title: T ( ) Delete  
Name: JOHNSTON, RYAN D  
Address: 1111 NORTHEAST 32ND TERRACE  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RYAN JOHNSTON

MGR

06/04/2008

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