

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000096171

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** OXFORD DEVELOPMENT I, LLC

**Current Principal Place of Business:**

1311 N WESTSHORE BLVD  
SUITE 201  
TAMPA, FL 33607 US

**New Principal Place of Business:**

3320 SAN JUAN STREET  
TAMPA, FL 33629 US

**Current Mailing Address:**

1311 N WESTSHORE BLVD  
SUITE 201  
TAMPA, FL 33607 US

**New Mailing Address:**

3320 SAN JUAN STREET  
TAMPA, FL 33629 US

**FEI Number:** 75-3229583      **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:**

JOHNSON, TIMOTHY B  
1311 N WEST SHORE BLVD  
SUITE 201  
TAMPA, FL 33607 US

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

JOHNSON, TIMOTHY B  
3320 SAN JUAN STREET  
TAMPA, FL 33629 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: TIMOTHY JOHNSON

02/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOHNSON, TIMOTHY B  
Address: 3320 SAN JUAN STREET  
City-St-Zip: TAMPA, FL 33629 US

Title: MGR  
Name: CROTTY, JAY  
Address: 3320 SAN JUAN STREET  
City-St-Zip: TAMPA, FL 33629 US

Title: MGR  
Name: TALBOT, JEFFREY  
Address: 1504 BAY ROAD, SUITE 2511  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby 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: TIMOTHY JOHNSON

MGR

02/17/2010

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