2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000113087

1. Entity Name OXALIS, LLC



FILED Feb 22, 2007 8:00 am Secretary of State 02-22-2007 90278 030 ****50.00

Page Place of Dustiness CANESYILLE, FL 32608	·						0 2 22 2 001 2				
2. Participal Place of Business - No P.O. Box # 3. Making Address 4. Port 5. P	Principal Place of Business Mailing Address				•	1					
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To County						4. FFI Numi	ner -		I IAp	olied For	
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Name			Zip 32635			5. Certificat	e of Status Desired				
Street Address (P O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent					7. Name an	d Address of New F	Registered A	gent		
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City FL Zip Code	2750 NORTHWEST 43RD STREET				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of registered agent. SIGNATURE Tilling Fee Is \$50.00 Make check payable to Florida Department of State											
SIGNATURE FILING Fee Is \$50.00 Due by May 1, 2002 9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES TITLE MORE TOTH, CYNTHIA M NAME STREET ADDRESS OCTY-ST-2P GAINESVILLE, FL 32608 TITLE MORE 10 Delete OTTY-ST-2P MOR 10 NORTH-WEST 80TH BOULEVARD OTTY-ST-2P GAINESVILLE, FL 32607 TITLE MORE 10 NORTH-WEST 80TH BOULEVARD OTTY-ST-2P OTTY-ST-2P TITLE MORE 10 Delete OTTY-ST-2P MOR 10 NORTH-WEST 80TH BOULEVARD OTTY-ST-2P GAINESVILLE, FL 32607 TITLE MORE 10 Delete OTTY-ST-2P MOR 10 NORTH-WEST 80TH BOULEVARD OTTY-ST-2P GAINESVILLE, FL 32607 TITLE MORE 10 Delete OTTY-ST-2P MOR 10 NORTH-WEST 80TH BOULEVARD OTTY-ST-2P GAINESVILLE, FL 32607 TITLE MORE 10 Delete OTTY-ST-2P MOR 10 NORTH-WEST 80TH BOULEVARD OTTY-ST-2P GAINESVILLE, FL 32607 TITLE MORE 10 Delete OTTY-ST-2P MOR 10 NORTH-WEST 80TH BOULEVARD OTTY-ST-2P GAINESVILLE, FL 32607 TITLE MORE 10 Delete OTTY-ST-2P GAINESVILLE, FL 32606 TITLE MORE 10 Delete OTTY-ST-2P TITLE MORE 11 TILE MORE 10 Delete OTTY-ST-2P TITLE MORE 10 Delete MAME STREET ADDRESS OTTY-ST-2P TITLE M		·			City			FL	Zip Code		
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I nereby certify that the information supplied with this filling 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:

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE