


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90278 030 *****50.00

DOCUMENT # L06000113087	
1. Entity Name OXALIS, LLC	

Principal Place of Business 6931 SOUTHWEST 107TH AVENUE GAINESVILLE, FL 32608	Mailing Address 6931 SOUTHWEST 107TH AVENUE GAINESVILLE, FL 32608
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2. Principal Place of Business - No P.O. Box # 4343 W Newberry Rd Suite, Apt. #, etc. Suite 18	3. Mailing Address PO Box 357010 Suite, Apt. #, etc.
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02142007 Chg-LLC CR2E083 (12/06)

City & State Gainesville FL	City & State Gainesville FL
Zip 32607	Country USA
Zip 32635	Country USA

4. FEI Number 20-5880039	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCOTT DAVID KRUEGER CHARTERED 2750 NORTHWEST 43RD STREET SUITE 201 GAINESVILLE, FL 32606
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOTH, CYNTHIA M 6931 SOUTHWEST 107TH AVENUE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAES, LAMBERT G 10 NORTHWEST 80TH BOULEVARD GAINESVILLE, FL 32607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNCANSON, DANIEL M 7702 SOUTHWEST 22ND AVENUE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNOWLES, SUSAN K 11122 NORTHWEST 15TH PLACE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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: Cynthia M Toth 2/14/07 352-224-2209
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #