

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113087

FILED
Jan 16, 2008
Secretary of State

Entity Name: OXALIS, LLC

Current Principal Place of Business:

4343 W NEWBERRY RD
SUITE 18
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

PO BOX 357010
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 20-5880039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT DAVID KRUEGER CHARTERED
2750 NORTHWEST 43RD STREET
SUITE 201
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

SCOTT DAVID KRUEGER CHARTERED
2750 NW 43RD STREET
SUITE 201
GAINESVILLE, FL 32606 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:

01/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOTH, CYNTHIA M
Address: 6931 SOUTHWEST 107TH AVENUE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGR () Delete
Name: VAES, LAMBERT G
Address: 10 NORTHWEST 80TH BOULEVARD
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: DUNCANSON, DANIEL M
Address: 7702 SOUTHWEST 22ND AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: KNOWLES, SUSAN K
Address: 11122 NORTHWEST 15TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

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

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

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: LAMBERT G. VAES

MGR

01/16/2008

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