

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087288

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** OXFORD MANAGEMENT, LLC

**Current Principal Place of Business:**

3104 N.W. 107TH DRIVE  
SUNRISE, FL 33351

**New Principal Place of Business:**

1025 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**Current Mailing Address:**

P.O. BOX 782041  
ORLANDO, FL 32828

**New Mailing Address:**

1025 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

STRICK, ROBERT E  
3104 N.W. 107TH DRIVE  
SUNRISE, FL 33351 US

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

STRICK, ROBERT E  
1025 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 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:

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STRICK, ROBERT E  
Address: 3104 N.W. 107TH DRIVE  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STRICK, ROBERT E  
Address: P.O. BOX 540112  
City-St-Zip: ORLANDO, FL 32804

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: ROBERT E. STRICK

MGRM

04/30/2009

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