2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000090096

Entity Name: OXBRIDGE VENTURES COMPANY, L.L.C.

Current Principal Place of Business:

9128 MICHAEL CIRCLE
SUITE 909
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1602
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 26-4677054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEANNETTE K. PATTERSON, P.A.
950 NORTH COLLIER BLVD.
SUITE 400
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	IRREVOCABLE TRUST AGREEMENT OF ANDREW THOM	
Address:	POST OFFICE BOX 1602	
City-St-Zip:	MARCO ISLAND, FL 34146	
Title:	MGRM	( ) Delete
Name:	IRREVOCABLE TRUST AGREEMENT OF ANDREW THOM	
Address:	POST OFFICE BOX 1602	
City-St-Zip:	MARCO ISLAND, FL 34146	
Title:	MGRM	(X) Delete
Name:	IRREVOCABLE TRUST AGREEMENT OF SHELLY JEAN	
Address:	POST OFFICE BOX 1602	
City-St-Zip:	MARCO ISLAND, FL 34146	
Title:	MGRM	(X) Delete
Name:	IRREVOCABLE TRUST AGREEMENT OF SHELLY JEAN	
Address:	POST OFFICE BOX 1602	
City-St-Zip:	MARCO ISLAND, FL 34146	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	PATTERSON, ANDREW T	
Address:	POST OFFICE BOX 1602	
City-St-Zip:	MARCO ISLAND, FL 34146	
Title:	MGR	(X) Change ( ) Addition
Name:	PATTERSON, SHELLEY J	
Address:	POST OFFICE BOX 1602	
City-St-Zip:	MARCO ISLAND, FL 34146	
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: SHELLEY J K PATTERSON MGR 04/29/2009

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