2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000002742

1. Entity Name
OXYLIFE LAKE CITY, LLC

Principal Place of Business	Mailing Address
155 N.E. ENTERPRISE WAY LAKE CITY, FL 32055	155 N.E. ENTERPRISE WAY LAKE CITY, FL 32055

DO NOT WRITE IN THIS SPACE

02152005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
04-3667986	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

JONES, LINDA
155 N.W. ENTERPRISE WAY, SUITE 103
LAKE CITY, FL 32055

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

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9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HART, ROBERT H
STREET ADDRESS	9403 KENWOOD ROAD, STE. D105
CITY-ST-ZIP	CINCINNATI, OH 45242
TITLE	MGR
NAME	FORD, TIMOTHY
STREET ADDRESS	5225 CREEK ROAD
CITY-ST-ZIP	CINCINNATI, OH 45242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000329371
04/25/05-80114-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Linda Jones_   Linda Jones   4/21/05   386-755-9511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #