


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000003832
1. Entity Name
OXFORD PROPERTIES, LLC



Principal Place of Business Mailing Address
3625 CUMBERLAND BLVD., SUITE 500 **3625 CUMBERLAND BLVD., SUITE 500**
ATLANTA, GA 30339 **ATLANTA, GA 30339**

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0020747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HARRISON, RAYMOND D
822 W. CENTRAL BLVD.
ORLANDO, FL 32805

**DO NOT WRITE
IN THIS SPACE**

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAULK, W. DANIEL 3625 CUMBERLAND BLVD., SUITE 500 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENNY, RICHARD A III 3625 CUMBERLAND BLVD., SUITE 500 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, JOHN A JR. 3625 CUMBERLAND BLVD., SUITE 500 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/19/05-80063-016 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W. Denny 3/29/05 770 818-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #