



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 160666		2. Exact name of the limited liability company Oxford Lending Group, LLC	
3. State of Formation OHIO		4. Brief description of the character of the business which is actually conducted in Rhode Island Mortgage Marketing via mail (no actual business in ^{state})	
5. Principal office address 1 East Campus View Blvd.		City Columbus	State OH
		Zip 43235	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Adam RESSEGER		Contact Title Owner / CEO	
Street Address 1 East Campus View Blvd		City Columbus	State OH
		Zip 43235	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Adam RESSEGER		Manager Name	
Street Address 7696 SILVER LAKE CT.		Street Address	
City WESTFAVILL	State OH	City	State
Zip 43082		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NATIONAL CORPORATE RESEARCH, LTD.		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	9-7-07
Check No.	6226
By:	mnc
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

[Signature] **9/31/07**
Signature of Authorized Person Date
Adam RESSEGER
Print or Type Name of Authorized Person