

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034543

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: CENTURY LIVE OAK PRESERVE, LLC

**Current Principal Place of Business:**

1951 NW 19TH STREET  
SUITE 200  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1951 NW 19TH STREET  
SUITE 200  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 34-1975143      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DIFIORE, CORA  
1951 NW 19TH STREET  
SUITE 200  
BOCA RATON, FL 33431 US

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

FALCONE, ROBERT  
1951 NW 19TH STREET  
SUITE 200  
BOCA RATON, FL 33431 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: ROBERT FALCONE

03/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ELSNER, NEIL  
Address: 3300 UNIVERSITY DR STE 001  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM ( ) Delete  
Name: FALCONE, ART  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: FALCONE, ROBERT  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM ( ) Delete  
Name: FALCONE, EDWARD  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT FALCONE

MGRM

03/30/2009

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