


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000008166
 1. Entity Name
 LIVE OAK COMMERCIAL ASSOCIATES, LLC



Principal Place of Business: ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
 Mailing Address: ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401

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02172005No Chg-LLC CR2E083 (10/03)
 4. FEI Number 06-1680627 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DAVID J. WIENER, P.A.
 ONE NORTH CLEMATIS STREET, SUITE 305
 WEST PALM BEACH, FL 33401

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

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KOSOY, BRIAN D
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 305
CITY - ST - ZIP	WEST PALM BEACH, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Brian D. Kosoy ^{04/20/05}
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 95561-835-1810