

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069123

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: OAK LIVE 3, LLC

**Current Principal Place of Business:**

5915 PONCE DE LEON BLVD.  
SUITE 19  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

5915 PONCE DE LEON BLVD.  
SUITE 19  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 20-3175203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LUCAS, GEORGE M  
7875 BIRD RD  
STE 215  
MIAMI, FL 33155 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOYA, FRANK M.D.  
Address: 5915 PONCE DE LEON BLVD STE 19  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

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: FRANK MOYA

MGRM

04/01/2009

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