


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 29 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001736		
1. Entity Name LIVE OAK VILLAS, LTD.		

Principal Place of Business 9400 SOUTH DADELAND BLVD., SUITE 100 MIAMI, FL 33156	Mailing Address 9400 SOUTH DADELAND BLVD., SUITE 100 MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box # 19308 SW 380 Street	3. Mailing Address P.O. Box 343529
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Florida City, FL	City & State Florida City, FL
Zip 33034	Zip 33034
Country USA	Country USA

4. FEI Number 65-1062456	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COHEN, GARY J C/O SHUTTS & BOWEN, LLP 201 S BISCAYNE BLVD, STE 1500 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 then if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000011678	STREET ADDRESS	
NAME	LIVE OAK VILLAS, LLC	CITY-ST-ZIP	
STREET ADDRESS	19308 S.W. 380 STREET		
CITY-ST-ZIP	FLORIDA CITY, FL 33034		
DOCUMENT #		STREET ADDRESS	3000955694083
NAME		CITY-ST-ZIP	04/03/07--01051--023 **508.75
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SECA 3/6/2007 305-242-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE