

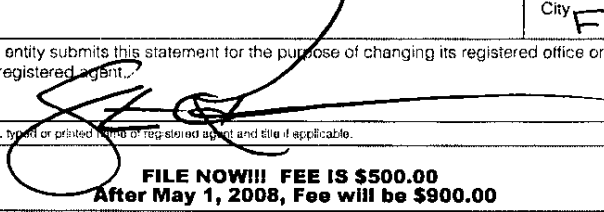


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR -1 PM 1:32

<b>DOCUMENT # A00000001736</b> 1. Entity Name LIVE OAK VILLAS, LTD.					
Principal Place of Business 19308 SW 380 STREET FLORIDA CITY, FL 33034			Mailing Address PO BOX 343529 FLORIDA CITY, FL 33034		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>65-1062456</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03192008 Chg-LP CR2E003 (12/06)	
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 <b>STEVEN KIRK</b> Street Address (P.O. Box Number is Not Acceptable) <b>19308 SW 380th Street</b> City <b>Florida City</b> FL Zip Code <b>33034</b>		
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 <b>03/19/08</b>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L03000011678		STREET ADDRESS	<b>300121644453</b>	
NAME	LIVE OAK VILLAS, LLC		CITY-ST-ZIP	<b>03/31/08--01008--014 **638.75</b>	
STREET ADDRESS	19308 S.W. 380 STREET		STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY, FL 33034		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		

STAPLE CHECK HERE

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/19/08 (305)242-2142**

Date Daytime Phone #

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