

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A05275 1. Entity Name LIVE OAK HOMES LTD.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 FEB 21 AM 11:17

Principal Place of Business 20721 S.W. 46TH AVENUE NEWBERRY FL 32669	Mailing Address 20721 S.W. 46TH AVENUE NEWBERRY FL 32669
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

AS



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-1823053	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA LLC 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE FL 32607	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 title if applicable

9. Capital Contributions as Shown on record. \$50,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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11. FILE NOW!!! Due by May 1, 2005.
 See Block 11 instructions for fee info.

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 # M04000001623 NAME BCP FL-GA GP, LLC STREET ADDRESS ONE BOSTON PLACE, SUITE 2100 CITY-ST-ZIP BOSTON MA 02108	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
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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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Susan Adams* **2/17/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #