

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A05275

1. Entity Name

LIVE OAK HOMES LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 9:30

Principal Place of Business

20721 S.W. 46TH AVENUE
NEWBERRY FL 32669

Mailing Address

20721 S.W. 46TH AVENUE
NEWBERRY FL 32669

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3111 Paces mill Rd.
Suite A-250
Atlanta GA
30339 USA



1st MOORE

CR2E003 (10/05)

Handwritten initials

4. FEI Number

59-1823053

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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

DOCUMENT # M04000001623
NAME BCP FL-GA GP, LLC
STREET ADDRESS ONE BOSTON PLACE, SUITE 2100
CITY-ST-ZIP BOSTON MA 02108

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

100069067121
03/30/06--01063--025 **508.75

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: Susan Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-2-06

Date

Daytime Phone #

STAPLE CHECK HERE