

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A05275	
1. Entity Name LIVE OAK HOMES LTD.	

Principal Place of Business 1600 SE HELVENSTON APT #E1 LIVE OAK FL 32064	Mailing Address 3111 PACES MILL RD STE A250 ATLANTA GA 30339
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

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.

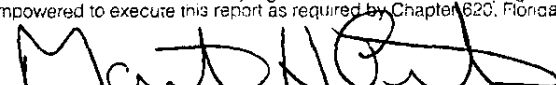
SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and state if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M03000001595	STREET ADDRESS	
NAME	HALLMARK GROUP SERVICE OF FLORIDA, LLC	CITY-ST- ZIP	U000000869831 04/09/08-80066-008 508.75
STREET ADDRESS	3111 PACES MILL ROAD STE A-250	STREET ADDRESS	
CITY-ST- ZIP	ATLANTA GA 30339	CITY-ST- ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST- ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST- ZIP		CITY-ST- ZIP	
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NAME		CITY-ST- ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST- ZIP		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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Dues/fees Paid _____

STAPLE CHECK HERE