A95000001140

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC -4

To:
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Fax Number : (850)205-0383

From:
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
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AL

LIMITED PARTNERSHIP REINSTATEMENT

LIVE OAKS CENTER, LTD.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC -5 AM 7:31

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE TALLAHASSEE FLORIDA 01 DEC -4

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A95000001140

1. Name of Limited Partnership

LIVE OAKS CENTER, LTD.

2. Principal Office Address	3. Mailing Office Address
223 Altamonte Commerce Blvd	223 Altamonte Commerce Blvd.
Suite, Apt. #, etc. Suite 1320	Suite, Apt. #, etc. Suite 1320
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32714 Country US	Zip 32714 Country US

4. Date Formed or Registered To Do Business in Florida 07/26/1995

5. FEI Number 59-3340838 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: $100.00

7b. Amount of Capital Contributions in FLORIDA to date: $100.00

8. Name and Address of Current Registered Agent

Name: Bruno, Anthony J.

Street Address (P.O. Box Number is Not Acceptable): 223 Altamonte Commerce Blvd.

Suite, Apt. #, Etc.: Suite 1320

City: Altamonte Springs State: FL Zip Code: 32714

FEES:
1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE Dec. 4, 2001

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
The Ensign Company	223 Altamonte Commerce Blvd., Suite 1320	Altamonte Springs, FL 32714	F59924

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that any information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE Dec. 4, 2001

Typed or Printed Name of General Partner Signing Form: Anthony J. Bruno, President Telephone Number: (407) 869-6944

CR2E039 (6/00)