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Division of Corporations

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FOREIGN LIMITED PARTNERSHIP

Live Oak Investment Partners, L.P.

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5/12/2005

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**1. Live Oak Investment Partners, L.P.

(Name of limited partnership as it is in the home state)

2. _____

(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")3. Delaware

(State of Formation)

4. April 21, 2005

(Date of Formation)

5. _____

C T Corporation System

(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road

(Street Address of Registered Office)

Plantation

(City)

Florida

33324

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

C T Corporation System

By: Connie Bryan Special Asst. Sec.

(Agent must sign on this line)

8. c/o The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street,

Wilmington, County of New Castle, Delaware 19801

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

ms000002538

Live Oak Asset Management, LLC

301 W. Atlantic Ave., Suite 7-8, Delray Beach, FL 33444

10. c/o Live Oak Asset Management, LLC, 301 W. Atlantic Ave., Suite 7-8, Delray Beach, FL 33444

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the
limited partner or limited partners until the limited partnership's registration in Florida is canceled or
withdrawn.

CONTINUED

12 Live Oak Investment Partners, L.P.

301 W. Atlantic Ave., Suite 7-S, Delray Beach, FL 33444

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 3 day of May, 2005

General Partner

STATE OF

COUNTY OF

On this 3 day of May, 2005

Scott Woodward

personally appeared before me,

☐ who is personally known to me

☐ whose identity I proved on the basis of FL DL exp 11-05-05

(Notary Public Signature)

(Notary's Printed Name)



BRUCE W. COHEN
My Commission ID0100301
Expires March 6, 2007

Seal

My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Scott A. Woodward
a general partner of Live Oak Investment Partners, a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 5,000,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 5,000,000

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 3 day of May, 2005

[Signature]
General Partner

STATE OF Florida
COUNTY OF Manatee

On this 3 day of May, 2005

Scott Woodward personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of FL. DL exp 11-04-05

[Signature]
(Notary Public Signature)

(Notary's Printed Name)



Shirley W. Cortin
My Commission DD160191
Expires March 8, 2007

Subj: My Commission Expires _____