

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # B05000000203**

1. Entity Name  
**LIVE OAK INVESTMENT PARTNERS, L.P.**



Principal Place of Business  
**C/O LIVE OAK INVESTMENT PARTNERS, L.P.**  
**301 W. ATLANTIC AVE., SUITE 7-8**  
**DELRAY BEACH, FL 33444**

Mailing Address  
**C/O LIVE OAK INVESTMENT PARTNERS, L.P.**  
**301 W. ATLANTIC AVE., SUITE 08**  
**DELRAY BEACH, FL 33444**

2. Principal Place of Business - No P.O. Box #  
**400 Clematis St.**

3. Mailing Address  
**SAME AS LEFT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**205**

City & State

City & State

**West Palm Beach FL**

Zip  
**33401**

Country  
**U.S.A.**

Zip

Country

03182008 Chg-LP CR2E003 (12/06)

4. FEI Number  
**05-0621042**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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 \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 # **M05000002538**  
 NAME **LIVE OAK ASSET MANAGEMENT, LLC**  
 STREET ADDRESS **301 W ATLANTIC AVE., SUITE 7-8**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33444**

STREET ADDRESS **400 Clematis St. Suite 205**  
 CITY-ST-ZIP **West Palm Beach FL 33401**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 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

**3-18-2008**

Date

**561-832-7211**

Daytime Phone #

STAPLE CHECK HERE

**FILED**

**2008 APR -9 PM 12: 47**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

