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COVER LETTER

то:	Registration Section Division of Corporations						
SUBJ	JECT:	Live Oak-Mea	adows	, LP ((M2)		
	Name of Limited	d Partnership or Lim	ited Liabi	lity Lin	nited Partnership		
DOCUMENT NUMBER:		В	B0900000107				
	nclosed Statement of Chang are submitted for filing.	ge of Registered (Office a	nd/or F	Registered Agent and		
Please	e return all correspondence	concerning this m	natter to	:			
	April Clic						
	Contact Pers	son					
	Live Oak-Meadov	vs, LP (M2)					
	Firm/Compa	ny		_			
	3111 Paces Mill Ro	d. Ste. A-250					
	Address			_			
	Atlanta, GA	30339					
	City, State and Z	ip Code		_			
	acliche@hall	lmarkco.com					
E	-mail address: (to be used for futu		ification)				
For fu	arther information concerning	g this matter, ple	ase call	:			
	April Cliche	at (770)	984-2100x118		
	Name of Contact Person			and Day	rtime Telephone Number		
Enclo	sed is a \$35.00 check made	payable to the Fl	orida D	epartm	ent of State.		
STRE	EET ADDRESS:		MAII	LING	ADDRESS:		
_	tration Section		Registration Section				
	on of Corporations		Division of Corporations				
	n Building			Box 63			
	Executive Center Circle		Tallal	iassee,	FL 32314		
i allah	assee, FL 32301						

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	Live Oak-Mead	ows, LP (M2)			
Na	me of Limited Partnership or Limi	ted Liability Li	mited Partners	ship		
	08/11/2009	3		0000107		
Date of filing		Florida document number				
4. The name of the re Department of State:	egistered agent and the registered of	ffice address as	shown on the	records of the Florida		
	Susan Ad	dams				
	Name	;				
	4040 West Newberry	Road, Suite	950B			
	Addres	SS				
	Gainesville, F	L 32607				
	City, State a	nd Zip		TON S		
5. The name and Flor	rida street address of the new regist	ered agent and	or office:	A Se		
	The Hallmark Cor	mpanies, In	c.	発子し		
	Name	:		AMII: 08 OF STATE E. FLORIE		
	4040 West Newberry	Road, Suite	950B	25 ±		
	Florida street address (P.O	. Box not accep	otable)			
	Gainesville,	FL	32607	خذ		
	City, State a	nd Zip				
6. Such change(s) is/s Signature of General I	are effective when filed by the Flor	ida Departmen	t of State.			
Signature of General i	raithe					
comply with the provi-	ppointment as registered agent and sions of all statutes relative to the plan accept the obligations of my polar of Agent	proper and con	iplete perform			
·						
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50