

2002 UNIFORM BUSINESS REPORT (UBR)

000340

DOCUMENT # L00000003450
 1. Entity Name
LIVE OAK PARTNERS, L.L.C.

FILED

2002 JUN 10 PM 4:13

**DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
~~1 SOUTHEAST 3RD AVENUE, 15TH FLOOR MIAMI FL 33131~~
200 SOUTH DISCAYNE BOULEVARD SIXTH FLOOR MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **APPLIED FOR 65-0993465** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BEGENS, JEFFREY
1850 FOREST HILL BLVD., SUITE 202 WEST PALM BEACH FL 33406

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

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-05/16/02--01004--005
******586.25 *****55.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, LOURDES 1 SOUTHEAST 3RD AVENUE, 15TH FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANT, BARRY 1 SOUTHEAST 3RD AVENUE, 15TH FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 SOUTH DISCAYNE BOULEVARD SIXTH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 SOUTH DISCAYNE BOULEVARD SIXTH FLOOR MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **LOURDES RODRIGUEZ** **4/12/02** **305-278-0883**

CR2E083 (9/01)