
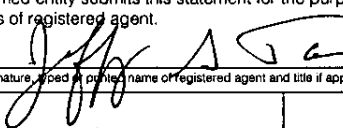
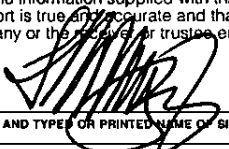


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90015 020 \*\*\*\*55.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L00000003450</b>   |   |  |   |  |  |
| <b>1. Entity Name</b><br>LIVE OAK PARTNERS, L.L.C.   |   |  |   |   |  |
| <b>Principal Place of Business</b><br>200 SOUTH BISCAYNE BLVD., 6TH FLOOR<br>MIAMI, FL 33131   |   |  | <b>Mailing Address</b><br>200 SOUTH BISCAYNE BLVD., 6TH FLOOR<br>MIAMI, FL 33131  |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>                            |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                  |   |   |  |
| City & State   |   | City & State   |   |   |  |
| Zip  | Country   | Zip  | Country   | <b>4. FEI Number</b><br>04282005 Chg-LLC CR2E083 (10/03)<br>65-0993465            |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |  |   | Applied For<br>Not Applicable   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>  |   |  |
| DIAZ-FOX, EMILIA<br>1441 BRICKELL AVE STE 105<br>MIAMI, FL 33131   |   |  | Name<br>GOLDSTEIN, TANEN E TRENCH, P.A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>TWO SOUTH BISCAYNE BOULEVARD<br>SUITE 3700<br>City MIAMI FL Zip Code 33131 |   |  |
| <b>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.</b>   |   |  |   |   |  |
| SIGNATURE   |   | JEFF TANEN   |   | 4/28/05   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005  |   | Make check payable to<br>Florida Department of State |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>RODRIGUEZ, LOURDES<br>200 SOUTH BISCAYNE BLVD., 6TH FLOOR<br>MIAMI, FL 33131 | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 26401 S.W. 107 AVE.<br>HOMESTEAD, FL. 33032                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>BRANT, BARRY<br>200 SOUTH BISCAYNE BLVD., 6TH FLOOR<br>MIAMI, FL 33131       | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |   |  |   |   |  |
| <b>SIGNATURE:</b>   |   |  | 4/28/05 305-258-8440  |   |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  | Date Daytime Phone #  |   |  |