

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L00000003450

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL -2 AM 11:13

DOCUMENT # L00000003450

1. Entity Name  
**LIVE OAK PARTNERS, L.L.C.**



Principal Place of Business <b>200 SOUTH BISCAYNE BLVD., 6TH FLOOR MIAMI FL 33131</b>	Mailing Address <b>200 SOUTH BISCAYNE BLVD., 6TH FLOOR MIAMI FL 33131</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **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 33408**

7. Name and Address of New Registered Agent  
Name **DIAZ-FOX, EMILIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1221 BRICEWELL AVE.**  
**SUITE 1020**  
City **MIAMI** FL Zip Code **33131**

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 **EMILIA DIAZ-FOX** *Emilia Diaz-Fox* **6/25/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when registering)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RODRIGUEZ, LOURDES 200 SOUTH BISCAYNE BLVD., 6TH FLOOR MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRANT, BARRY 200 SOUTH BISCAYNE BLVD., 6TH FLOOR MIAMI FL 33131</b> <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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>80001958083</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>05/20/03--01035--006 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED** *[Signature]* **4/28/03** **305-278-7083**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

001427

CR2E083 (10/02)