

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015422

FILED
Feb 25, 2004
Secretary of State

Entity Name: LIVE OAK DEVELOPMENT 1, LLC

Current Principal Place of Business:

3300 UNIVERSITY DR.
001
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3300 UNIVERSITY DR.
001
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-1060896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIORE, CORA D
3300 UNIVERSITY DR., SUITE 001
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

DIFIORE, CORA
3300 UNIVERSITY DR., SUITE 001
CORAL SPRINGS, FL 33065 US

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: CORA DIFIORE

02/25/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: FALCONE, ARTHUR
Address: 3300 UNIVERSITY DR, SUITE 001
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VPT (X) Delete
Name: EISNER, NEIL
Address: 3300 UNIVERSITY DR, SUITE 001
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPS (X) Delete
Name: FIORE, CORA D
Address: 3300 UNIVERSITY DR, SUITE 001
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP (X) Delete
Name: EVASINE, JOHN
Address: 3300 UNIVERSITY DR, SUITE 001
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP (X) Delete
Name: ICKOVIC, JAN
Address: 3300 UNIVERSITY DR., SUITE 001
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRANSEASTERN HOMES., INC
Address: 3300 UNIVERSITY DR, SUITE 001
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CORA DIFIORE

MGRM

02/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date