

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015422

Entity Name: LIVE OAK DEVELOPMENT 1, LLC

FILED  
Jan 24, 2005  
Secretary of State

## 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:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

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

VP

01/24/2005

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