

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90188 040 ****55.00

DOCUMENT # L00000015422

1. Entity Name
LIVE OAK DEVELOPMENT 1, LLC



Principal Place of Business
**1750 EAST SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

Mailing Address
**P.O. BOX 5403
FT. LAUDERDALE FL 33304**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**3300 University Dr
Suite, Apt. #, etc.
001**

3. Mailing Address
**3300 University Dr
Suite, Apt. #, etc.
001**

City & State
Coral Springs

City & State
Coral Springs

4. FEI Number **65-1060896**

Applied For
☐ Not Applicable

Zip **33065** Country **USA**

Zip **33065** Country **USA**

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

6. Name and Address of Current Registered Agent

**GILBERT, GLEN R
1750 EAST SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name **Cora DiFiore**
Street Address (P.O. Box Number is not acceptable)
3300 University Dr. Suite 001
City **Coral Springs** FL Zip Code **33065**

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 **Cora DiFiore**

4-24-03

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORE COMMUNITIES, LLC 1750 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Arthur Falcone 3300 University Dr Ste 001 Coral Springs, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T Neil Eisner 3300 University Dr Ste 001 Coral Springs, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S Cora DiFiore 3300 University Dr Ste 001 Coral Springs FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN EVANS 3300 University Dr Ste 001 Coral Springs FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAN ICKOVIC 3300 University Dr Ste 001 Coral Springs FL 33065	<input type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)