04-01-2002 90727 043 ****50.00
L01000011314

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011314

1. Entity Name
LIVE OAKS PROPERTIES, LLC

Principal Place of Business	Mailing Address
834 N. WESTMORELAND ORLANDO FL 32804	834 N. WESTMORELAND ORLANDO FL 32804

86216 02 JUN 03 PM FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10821 Bayshore DR	10821 Bayshore DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Windermere FL	City & State: Windermere FL.
Zip: 34786 Country: USA	Zip: 34786 Country: USA

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NOVELL, N. SCOTT
834 N. WESTMORELAND
ORLANDO FL 32804

7. Name and Address of New Registered Agent
Name: Chuck Link
Street Address (P.O. Box Number is Not Acceptable): 10821 Bayshore DR.
City: Windermere FL Zip Code: 34786

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.

SIGNATURE _____ DATE 3-22-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCOTT NOVELL
STREET ADDRESS	834 N. WESTMORELAND
CITY-ST-ZIP	ORLANDO FL. 32804

☐ Delete

10. ADDITIONS/CHANGES

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Change ☐ Addition

CR2E083 (9/01)

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] SCOTT NOVELL 3/19/02 407-822-4400
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #