


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90418 047 \*\*\*\*\*50.00

<b>DOCUMENT # L02000003574</b>		
1. Entity Name <b>LIVE OAK RESTAURANT SERVICES, LLC</b>		

Principal Place of Business <b>US HWY 129 LIVE OAK, FL 32060</b>	Mailing Address <b>P.O. BOX 1669 LAKE CITY, FL 32056-1669</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>798 SW Main Blvd.</b>  Suite, Apt. #, etc.
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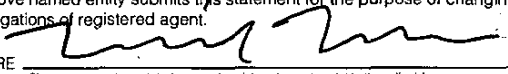
City & State  <b>Lake City, FL</b>	City & State  <b>Lake City, FL</b>
Zip  <b>32025</b>	Country  <b>USA</b>



03282005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  <b>BREWER, G. DAVID CPA 816 SW MAIN BLVD LAKE CITY, FL 32025</b>		7. Name and Address of New Registered Agent Name <b>MOSES, Michael C</b> Street Address (P.O. Box Number is Not Acceptable) <b>798 SW Main Blvd.</b> City <b>Lake City</b> <b>FL</b> Zip Code <b>32025</b>	
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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.

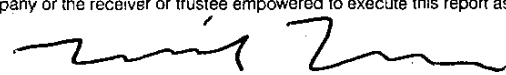
SIGNATURE  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM T. B. OF STARKE, INC. P.O. BOX 1669 LAKE CITY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MOSES, Michael C 798 SW Main Blvd. Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 #** \_\_\_\_\_