## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000005451

Entity Name: LIVE OAK II, LLC

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7305 N.W. 294TH TERRACE 12623 NE 199TH STREET HIGH SPRINGS, FL 32643 WALDO, FL 32694

Current Mailing Address: New Mailing Address:

1827 ASBURY AVE EVANSTON, IL 60201

FEI Number: 01-0632690 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAYLOR, JAMES J JR. 420 SOUTH LAWRENCE BLVD. KEYSTONE HEIGHTS, FL 32656 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:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BURNS, GARY
 Name:

 Address:
 612 N ELM ST
 Address:

 City-St-Zip:
 HINSDALE, IL 60521
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 STANZ, JOHN
 Name:

 Address:
 8857 S DUNNS FARM RD
 Address:

 City-St-Zip:
 MAPLE CITY, MI 49664
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WIESEN, JIM
 Name:

 Address:
 1827 ASBURY AVE
 Address:

 City-St-Zip:
 EVANSTON, IL 60201
 City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 WIESEN, MIKE
 Name:
 WIESEN, MIKE

 Address:
 7305 NW 294TH TERR
 Address:
 12623 NE 199TH STREET

 City-St-Zip:
 HIGH SPRINGS, FL 32643
 City-St-Zip:
 WALDO, FL 32694

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES J. WIESEN MGRM 04/19/2007