

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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Mail

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90018 013 \*\*\*\*50.00

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**DOCUMENT # L02000005451**

1. Entity Name

**LIVE OAK II, LLC**



Principal Place of Business

**7305 N.W. 294TH TERRACE  
HIGH SPRINGS FL 32643**

Mailing Address

**7305 N.W. 294TH TERRACE  
HIGH SPRINGS FL 32643**

2. Principal Place of Business

3. Mailing Address

**1827 Asbury Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Evanston, IL**

4. FEI Number

**01-0632690**

Applied For

Not Applicable

Zip

Country

Zip

Country

**60201**

**USA**

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(10)

ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGRM Gary Burns**  
STREET ADDRESS **612 North Elm St.**  
CITY-ST-ZIP **Hinsdale, IL 60521**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGRM John Stanz**  
STREET ADDRESS **8857 South Dunns Farm Road**  
CITY-ST-ZIP **Maple City, MI 49664**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGRM Jim Wiesen**  
STREET ADDRESS **1827 Asbury Ave**  
CITY-ST-ZIP **Evanston, IL 60201**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGRM Mike Wiesen**  
STREET ADDRESS **7305 NW 294th Terrace**  
CITY-ST-ZIP **High Springs, FL 32643**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**James J. Wiesen**

**3/30/03**

**847 492 8557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)