2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005452

Entity Name: LIVE OAK I, LLC

Address:

City-St-Zip:

12623 NE 199TH STREET

WALDO, FL 32694

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12623 NE 199TH STREET WALDO, FL 32694 **Current Mailing Address: New Mailing Address:** 1827 ASBURY AVE EVANSTON, IL 60201 FEI Number: 01-0632679 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. US KEYSTONE HEIGHTS, FL 32656 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: MGRM Title: () Change () Addition () Delete BURNS, GARY Name: Name: Address: 612 NORTH ELM ST Address: City-St-Zip: HINSDALE, IL 60521 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: STANZ, JOHN Name: Address: 8857 SOUTH DUNNS FARMS RD Address: City-St-Zip: MAPLE CITY, MI 49664 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WIESEN, JIM Name: Name: 1827 ASBURY AVE Address: Address: City-St-Zip: EVANSTON, IL 60201 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WIESEN, MIKE Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JAMES J. WIESEN MGRM 04/14/2008