2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013696

1. Entity Name

LIVE OAK HOLDING COMPANY, LLC



Apr 03, 2003 8:00 am Secretary of State

FILED

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
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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CHECK HERE IF MAKING CHANGES

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

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

4. FEI Number

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

1. 377 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50:00

Make Check Payable to Florida Department of State

Due By May 1, 2003

(NOTE: Registered Agent signature required when reinstalling)

9.	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	☐ Delete	TITLE	MGKM □ Change □ Addition
NAME		NAME	Gary Burns
STREET ADDRESS		STREET ADDRESS	612 North Elm Street
CITY-ST-ZIP		CITY-ST-ZIP	GIZ North Elm Street Hinsdale, IL 60521
TITLE	☐ Delete	TITLE	MGRM Change DAddition
NAME		NAME	John Stanz
STREET ADDRESS		STREET ADDRESS	8857 South Dunns Farm Road
CITY-ST-ZIP	ا العن مسلم برد مين الله الله الله الله الله الله الله الل	CITY-ST-ZIP	Maple City, MI 49664
TITLE	☐ Delete	TITLE	MGRM. Change Charleting
NAME		NAME	Tim Wiesen
STREET ADDRESS	;	STREET ADDRESS	1827 Asbusy Ave.
CITY-ST-ZIP		CITY-ST-ZIP	Evanston, IL 60201
TITLE	☐ Delete	TITLE	MGRM Change Paddition
NAME		NAME	mike Wiesen
STREET ADDRESS		STREET ADDRESS	7305 NW 294th Terrace
CITY-ST-ZIP		CITY-ST-ZIP	High Springs, FL 32643
TITLE	□ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS)
CITY-ST-ZIP		CITY-ST-ZIP	
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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:

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

3/30/03

847 492 855

Daytime Phone #

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Applied For

CR2E083 (10/02)