

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014614

1. Entity Name
LIVE OAK, LLC



Principal Place of Business
1440 NOVA ROAD
HOLLY HILL, FL 32117

Mailing Address
1440 NOVA ROAD
HOLLY HILL, FL 32117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NETT, RANDOM R
THIRD FLOOR EAST
501 N. GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name Richard K. Martin
Street Address (P.O. Box Number is Not Acceptable)

1440 Nova Road Ste 301
City Holly Hill FL Zip Code 32117

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

Richard K. Martin

Richard K. Martin

1/20/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MARTIN, ROBERT D
1440 NOVA RAOD SUITE 301
HOLLY HILL, FL 32117 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARTIN, RICHARD K
1440 NOVA RAOD SUITE 301
HOLLY HILL, FL 32117 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Martin Daytona Corporation
1440 Nova Road, Suite 301
Holly Hill, FL 32117 ☒ Change ☐ Addition

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

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

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

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

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

Richard K. Martin Richard K Martin

Date

Daytime Phone #

1/20/04 386 238-5577