


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90005 040 \*\*\*\*50.00

<b>DOCUMENT # L02000014614</b>		
1. Entity Name <b>LIVE OAK, LLC</b>		

Principal Place of Business <b>1440 NOVA ROAD #301 DAYTONA BEACH FL 32117</b>	Mailing Address <b>1440 NOVA ROAD #301 DAYTONA BEACH FL 32117</b>
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2. Principal Place of Business <b>1440 N. NOVA RD. #301</b> Suite, Apt. #, etc.	3. Mailing Address <b>1440 N. NOVA RD #301</b> Suite, Apt. #, etc.
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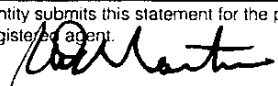
City & State	City & State	4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)



6. Name and Address of Current Registered Agent <b>MARTIN, RICHARD K 1440 NOVA ROAD, SUITE 301 DAYTONA BEACH FL 32117</b>		7. Name and Address of New Registered Agent Name <b>ROBERT D. MARTIN</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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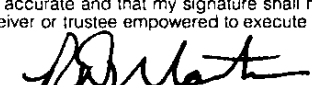
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MARTIN DAYTONA CORPORATION 1440 NOVA ROAD, STE 301 DAYTONA BEACH FL 32117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE