

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/23/03 13-90023-014-\$55.00-\$5.00

DOCUMENT # 02000023206

1. Entity Name
LIVE OAK INVESTMENTS, LLC



SECRETARY OF STATE
DIVISION OF CORPORATE & FINANCIAL SERVICES

03 DEC 11 PM 1:16

12/15

Principal Place of Business
**ONE NORTH CLEMATIS STREET STE. 305
WEST PALM BEACH FL 33401**

Mailing Address
**ONE NORTH CLEMATIS STREET STE. 305
WEST PALM BEACH FL 33401**

REINSTATEMENT 2003



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**1750 W. Broadway
Suite 118
Oviedo FL 32765**

3. Mailing Address
**1750 W. Broadway
Suite 118
Oviedo FL 32765**

4. FEI Number **59-341485** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**WIENER, DAVID J
ONE NORTH CLEMATIS STREET STE. 305
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
Name **Richard A. Jerman**
Street Address (P.O. Box Number is Not Acceptable)
**1750 W. Broadway
Suite 118
Oviedo FL 32765**

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Richard A. Jerman 1750 W. Broadway Suite 118 Oviedo, FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED **Managing Member** Date **402-971-1010** Daytime Phone **561-835-1810**

CR2E083 (4/03)