

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034543

FILED
Mar 30, 2009
Secretary of State

Entity Name: CENTURY LIVE OAK PRESERVE, LLC

Current Principal Place of Business:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 34-1975143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIFIORE, CORA
1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

FALCONE, ROBERT
1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431 US

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: ROBERT FALCONE

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELSNER, NEIL
Address: 3300 UNIVERSITY DR STE 001
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: FALCONE, ART
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: FALCONE, ROBERT
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM () Delete
Name: FALCONE, EDWARD
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT FALCONE

MGRM

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date