


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90001 002 \*\*\*\*55.00

<b>DOCUMENT # L03000008166</b>	
1. Entity Name <b>LIVE OAK COMMERCIAL ASSOCIATES, LLC</b>	

Principal Place of Business <b>ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401</b>	Mailing Address <b>ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04162004 Chg-LLC CR2E083 (10/03)

City & State	City & State
Zip	Country

4. FEI Number <b>06-1680627</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>DAVID J. WIENER, P.A. ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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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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

**Brian D. Kosoy**  
**MGMR**  
**ONE NORTH CLEMATIS ST. STE 305**  
**WEST PALM BEACH, FL 33415**

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: 	<b>Brian D. Kosoy, 4-28-04 (561) 835-1810</b>
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Daytime Phone #