## `2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011678

1. Entity Name LIVE OAK VILLAS, LLC



Principal Place of Business

19308 S.W. 380TH STREET FLORIDA CITY, FL 33034

Mailing Address

P.O. BOX 343529 HOMESTEAD, FL 33034 FILED

2007 MAR 29 AM 10: 59

SECRETARY OF STATE TALLAHASSEE. FLORIDA



03052007 No Chg-LLC

CR2E083 (11/05)

Fee Required

Applied For

Not Applicable

4. FEI Number 20-4732866 \$5.00 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KIRK, STEVEN 19308 S.W. 380TH STREET FLORIDA CITY, FL 33034

## DO NOT WRITE IN THIS SPACE

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.

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

(NOTE: Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRK, STEVEN 19308 SW 380TH ST FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-S1-ZIP	V JENSEN, ROBERT 18640 SW 295TH TERR HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOPEZ, ARTURO 778 WEST PALM DRIVE HOMESTEAD, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

03/06/07

305-242-2142

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE