


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 2:30

DOCUMENT # L03000011678 1. Entity Name LIVE OAK VILLAS, LLC	
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Principal Place of Business 19308 S.W. 380TH STREET FLORIDA CITY, FL 33034	Mailing Address P.O. BOX 343529 HOMESTEAD, FL 33034
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4732866	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KIRK, STEVEN 19308 S.W. 380TH STREET FLORIDA CITY, FL 33034	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

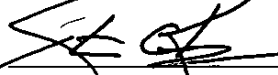
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRK, STEVEN 19308 SW 380TH ST FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENSEN, ROBERT 18640 SW 295TH TERR HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOPEZ, ARTURO 778 WEST PALM DRIVE HOMESTEAD,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

500121644505
03/31/08--01008--014 **638.75

500121644505
03/31/08--01008--015 **13.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: March 19, 2009 Daytime Phone #: 305-242-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE