

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011678

Entity Name: LIVE OAK VILLAS, LLC

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 343529
HOMESTEAD, FL 33034

New Mailing Address:

P.O. BOX 343529
FLORIDA CITY, FL 33034

FEI Number: 20-4732866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: KIRK, STEVEN
Address: 19308 SW 380TH ST
City-St-Zip: FLORIDA CITY, FL 33034

Title: V () Delete
Name: JENSEN, ROBERT
Address: 18640 SW 295TH TERR
City-St-Zip: HOMESTEAD, FL 33032

Title: ST () Delete
Name: LOPEZ, ARTURO
Address: 778 WEST PALM DRIVE
City-St-Zip: HOMESTEAD, FL 33034

ADDITIONS/CHANGES:

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

Title: V (X) Change () Addition
Name: JENSEN, ROBERT
Address: 18640 SW 295TH TERR
City-St-Zip: HOMESTEAD, FL 33030

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: STEVEN KIRK

P

03/17/2009

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