

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019994

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** LIVE OAK PRESERVE PARTNERS, LLC

**Current Principal Place of Business:**

7602 MARBLEHEAD LANE  
PARKLAND, FL 33067

**New Principal Place of Business:**

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

**Current Mailing Address:**

7602 MARBLEHEAD LANE  
PARKLAND, FL 33067

**New Mailing Address:**

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

FEI Number: 20-0133646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD., STE. 1200  
WEST PALM BEACH, FL 33401 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FALCONE, ARTHUR  
Address: 3300 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FALCONE, ARTHUR  
Address: 1951 NW 19TH STREET  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARTHUR FALCONE

MGRM

04/29/2005

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