

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000035582**

1. Entity Name  
**LIVE OAK MANAGEMENT, LLC**



Principal Place of Business  
**2101 CENTREPARK WEST DRIVE  
SUITE 100  
WEST PALM BEACH, FL 33409 US**

Mailing Address  
**2101 CENTREPARK WEST DRIVE  
SUITE 100  
WEST PALM BEACH, FL 33409 US**



02272007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0509461**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MEINERS, LOUIS M JR.  
200 AVIATION DRIVE  
SUITE 2  
NAPLES, FL 34104**

**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)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BENTZ, ROBERT A  
2101 CENTREPARK WEST DRIVE, SUITE 100  
WEST PALM BEACH, FL 33409**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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05/02/07-80089-011-55.00

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:** \_\_\_\_\_

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

**Robert A. Bentz, Mgr.**

**3-2-07 561-478-8501**

Date

Daytime Phone #