

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000039155

**FILED**  
**Apr 09, 2006**  
**Secretary of State**

**Entity Name:** LIVE OAK CAPITAL GROWTH FUND, LLC

**Current Principal Place of Business:**

11700 TWIN CREEKS DRIVE  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

11700 TWIN CREEKS DRIVE  
FORT PIERCE, FL 34945

**New Mailing Address:**

**FEI Number:** 57-1189758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUKAT, TOM  
11700 TWIN CREEKS DRIVE  
FORT PIERCE, FL 34945 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: MGR ( ) Delete  
Name: LUKAT, TOM  
Address: 11700 TWIN CREEKS DRIVE  
City-St-Zip: FORT PIERCE, FL 34945

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM LUKAT

MGR

04/09/2006

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