


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 A
Secretary of State**

DOCUMENT # L04000033771 1. Entry Name LIVE OAK VENTURES, LLC	
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Principal Place of Business 13507 WESTSHIRE DRIVE TAMPA, FL 33618-2500	Mailing Address 13507 WESTSHIRE DRIVE TAMPA, FL 33618-2500
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01192006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1122999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVENUE TAMPA, FL 33606
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**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000404012
02/06/06-80030-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMERSON, GLENN F 13507 WESTSHIRE DRIVE TAMPA, FL 336182500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMERSON, PATRICIA A 13507 WESTSHIRE DRIVE TAMPA, FL 336182500
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**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: *Patricia Emerson* **01-24-06 813-969-0484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #