


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000033771</b> 1. Entity 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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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-LLC

CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606

**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 reinstating) DATE \_\_\_\_\_

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

000000587486  
01/17/07-80033-023 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 A. Emerson, MGR* **01/12/07 8139690484**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #