## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000033771** 

1. Entity Name LIVE OAK VENTURES, LLC



FILED Feb 19, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

13507 WESTSHIRE DRIVE TAMPA, FL 33618-2500 13507 WESTSHIRE DRIVE TAMPA, FL 33618-2500



02152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-1122999		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

## DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent alignature required when relinstating)	DATE	
	NOWIII FEE IS \$138.75 1, 2008 Fee will be \$538.75	83		
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, <sup>5</sup> .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature shall be recovered to average or trustee employeed to average or tru	hall have the same legal effect as if made under oath; th	at I am a managing member or manager of the	