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Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90034 049 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000085998

1. Entity Name
LIVE OAK PROPERTIES, LLC

60042352

Principal Place of Business	Mailing Address
1157 STONEY CREEK WAY TALLAHASSEE, FL 32317	1157 STONEY CREEK WAY TALLAHASSEE, FL 32317

04242007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9265 White Blossom Way	9265 White Blossom Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32309 Country: USA	Zip: 32309 Country: USA

4. FEI Number 59-3656794 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAYNE, WILLIAM M
1157 STONEY CREEK WAY
TALLAHASSEE, FL 32317

7. Name and Address of New Registered Agent

Name: W. Mark Payne
Street Address (P.O. Box Number is Not Acceptable): 9265 White Blossom Way
City: Tallahassee FL Zip Code: 32309

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] Mark Payne MEMBER
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYNE, WILLIAM M 1157 STONEY CREEK WAY TALLAHASSEE, FL 32317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM W. Mark Payne 9265 White Blossom Way Tallahassee FL 32309	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TYCHSON, PETER S 1695 METROPOLITAN CIR STE 1 TALLAHASSEE, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Mark Payne 4-21-07 850-933-3788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #