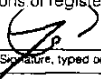
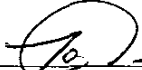


FILED
Apr 27, 2007 8:00 am
Secretary of State

60042352

DOCUMENT # L04000085998				60042352	
1. Entity Name LIVE OAK PROPERTIES, LLC					
Principal Place of Business 1157 STONEY CREEK WAY TALLAHASSEE, FL 32317		Mailing Address 1157 STONEY CREEK WAY TALLAHASSEE, FL 32317			
2. Principal Place of Business - No P.O. Box # 9265 White Blossom Way		3. Mailing Address 9265 White Blossom Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007 Chg-LLC CR2E083 (12/06)	
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 59-3656794	
Zip 32309		Country USA		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  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		
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:  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 #					