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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

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

04242007 Chg-LLC CR2E083 (12/06)

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	7. Name and Address of New Registered Agent
PAYNE, WILLIAM M 1157 STONEY CREEK WAY TALLAHASSEE, FL 32317	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	MGRM ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	PAYNE, WILLIAM M	NAME	W. MARK PAYNE
STREET ADDRESS	1157 STONEY CREEK WAY	STREET ADDRESS	9265 White Blossom Way
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	Tallahassee FL 32309
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TYCHSON, PETER S	NAME	
STREET ADDRESS	1695 METROPOLITAN CIR STE 1	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #