

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000090105

Entity Name: LIVE OAK ESTATES, LLC

**FILED**  
**Oct 31, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

300 SOUTH ORLANDO AVE., SUITE 1000 (BMJ)  
ORLANDO, FL 328015403

**New Principal Place of Business:**

6767 N. WICKHAM ROAD  
SUITE 500  
MELBOURNE, FL 32940

**Current Mailing Address:**

300 SOUTH ORLANDO AVE., SUITE 1000 (BMJ)  
ORLANDO, FL 328015403

**New Mailing Address:**

6767 N. WICKHAM ROAD  
SUITE 500  
MELBOURNE, FL 32940

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORLANDO AVE., SUITE 1000 (BMJ)  
ORLANDO, FL 328015403 US

**Name and Address of New Registered Agent:**

HARKNESS, KAREN ESQ  
6767 N. WICKHAM ROAD  
SUITE 500  
MELBOURNE, FL 32940 US

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.

SIGNATURE: KAREN HARKNESS

10/31/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: MERCEDES HOMES, INC.,  
Address: 6767 N. WICKHAM ROAD, SUITE 500  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT M. KUSH, CFO

MGRM

10/31/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date