
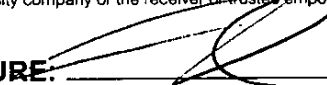


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90174 008 \*\*\*138.75

<b>DOCUMENT # L05000023529</b> 1. Entity Name <b>LIVE OAK LAKE ESTATES LLC</b>					
Principal Place of Business <b>9240 WINDING WOODS DRIVE LAKE WORTH, FL 33467</b>			Mailing Address <b>9240 WINDING WOODS DRIVE LAKE WORTH, FL 33467</b>		
2. Principal Place of Business - No P.O. Box # <b>880 N.W. 1st AVE</b>		3. Mailing Address <b>880 N.W. 1st AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>		4. FEI Number <b>56-2518796</b>	
Zip <b>33432</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>33432</b>		Country <b>Palm Beach</b>		6. Name and Address of Current Registered Agent <b>COATES, HOWARD, K. JR. C/O THE COATES LAW FIRM 12012 SOUTH SHORE BOULEVARD, STE. 107 WELLINGTON, FL</b>	
7. Name and Address of New Registered Agent Name <b>Michael Sarka</b> Street Address (P.O. Box Number is Not Acceptable) <b>880 N.W. 1st AVE</b> City <b>BOCA RATON FL</b>		Zip Code <b>33432</b>			
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  DATE <b>3/25/08</b> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SARKA, MICHAEL 9240 WINDING WOODS DRIVE LAKE WORTH, FL 33467</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MUR SARKA, MICHAEL 880 N.W. 1st AVE BOCA RATON FL 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			Date <b>3/25/08</b> Daytime Phone # <b>561-432-8868</b>		