

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121678

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: LIVE OAK VILLAS PHASE II, LLC

**Current Principal Place of Business:**

19308 S.W. 380TH STREET  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 343529  
HOMESTEAD, FL 33034

**New Mailing Address:**

FEI Number: 20-4733038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KIRK, STEVEN  
19308 SW 380TH ST  
FLORIDA CITY, FL 33034 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: KIRK, STEVEN  
Address: 19308 SW 380TH ST  
City-St-Zip: FLORIDA CITY, FL 33034

Title: V ( ) Delete  
Name: JENSON, ROBERT  
Address: 18640 SW 29TH TERRACE  
City-St-Zip: HOMESTEAD, FL 33030

Title: ST ( ) Delete  
Name: LOPEZ, ARTURO  
Address: 778 W PALM DR  
City-St-Zip: FLORIDA CITY, FL 33034

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEVEN KIRK

P

03/08/2007

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