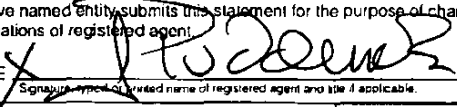
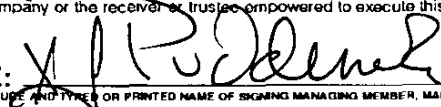


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 06, 2007 8:00 am
Secretary of State

04-24-2007 90107 031 ****50.00

DOCUMENT # L06000051777					
1. Entity Name LIVE OAKS FLORIDA PARTNERS, LLC					
Principal Place of Business 1601 W. PLATT STREET TAMPA FL 33606			Mailing Address 1601 W. PLATT STREET TAMPA FL 33606		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4901310	
				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	
PUDDICOMBE, H. JAMES 1601 W. PLATT STREET 13555 Automobile Blvd. TAMPA FL 33606 St. #620 Clearwater, FL 33762				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 4-1-07	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER Puddicombe, H. James 13555 Automobile Blvd. #620 Clearwater, FL 33762			TITLE	☐ Change ☐ Addition
	☐ Delete			TITLE	☐ Change ☐ Addition
	☐ Delete			TITLE	☐ Change ☐ Addition
	☐ Delete			TITLE	☐ Change ☐ Addition
	☐ Delete			TITLE	☐ Change ☐ Addition
	☐ Delete			TITLE	☐ Change ☐ Addition
	☐ Delete			TITLE	☐ Change ☐ Addition
	☐ Delete			TITLE	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				Date 5-31-07	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	