

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086564

FILED  
Feb 05, 2008  
Secretary of State

**Entity Name:** LIVE OAK MEMORIAL PARK OF CRESTVIEW, LLC

**Current Principal Place of Business:**

112 E. NORTH AVENUE  
CRESTVIEW, FL 32536 US

**New Principal Place of Business:**

**Current Mailing Address:**

350 CAMINO GARDENS BLVD.  
SUITE #102  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:** 20-5525248      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FUNERAL SERVICES OF FLORIDA, LLC  
350 CAMINO GARDENS BLVD.  
SUITE #102  
BOCA RATON, FL 33432 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: MGRM ( ) Delete  
Name: FUNERAL SERVICES OF, FLORIDA, LLC  
Address: 350 CAMINO GARDENS BLVD SUITE #102  
City-St-Zip: BOCA RATON, FL 33432 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: VINCENT C. MANOPOLI

MGR

02/05/2008

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