

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053118

FILED
Apr 30, 2008
Secretary of State

Entity Name: LIVE OAK LAND HOOD ROAD, LLC

Current Principal Place of Business:

2101 CENTREPARK WEST DRIVE, SUITE 100
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2101 CENTREPARK WEST DRIVE, SUITE 100
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 26-0820871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRANE, ROBERT L ESQ.
515 N. FLAGLER DRIVE, SUITE 1800
WEST PALM BEACH, FL 33401 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: LELONEK, JOSEPH D
Address: 2101 CENTREPARK W DR 100
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: MGR () Change (X) Addition
Name: BENTZ, ROBERT A
Address: 2101 CENTREPARK W DR 100
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: MGR () Change (X) Addition
Name: MORTON, JENNIFER L
Address: 2101 CENTREPARK W DR 100
City-St-Zip: WEST PALM BEACH, FL 33409 US

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: JOSEPH D LELONEK

MGR

04/30/2008

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