

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094940

FILED
Feb 26, 2008
Secretary of State

Entity Name: LIVE OAK REAL PROPERTIES LLC

Current Principal Place of Business:

HWY 129 N ACROSS FROM WALMART
LIVE OAK, FL 32064

New Principal Place of Business:

6694 US 129 N.
LIVE OAK, FL 32064

Current Mailing Address:

802 WHITE AVE
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 26-1993879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, SUNILKUMAR J
802 WHITE AVE
LIVE OAK, FL 32064 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: MGR () Delete
Name: PATEL, BEEJAL
Address: 802 WHITE AVE
City-St-Zip: LIVE OAK, FL 32064

Title: MGR () Delete
Name: SONI, DHIMANT
Address: 115 SW ENCHANTED CT.
City-St-Zip: LAKE CITY, FL 32064

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

ADDITIONS/CHANGES:

Title: OWNE (X) Change () Addition
Name: PATEL, BEEJAL
Address: 802 WHITE AVE
City-St-Zip: LIVE OAK, FL 32064

Title: OWNE (X) Change () Addition
Name: SONI, DHIMANT
Address: 115 SW ENCHANTED CT.
City-St-Zip: LAKE CITY, FL 32064

Title: OWNE () Change (X) Addition
Name: PATEL, SUNILKUMAR J
Address: 802 WHITE AVE
City-St-Zip: LIVE OAK, FL 32064

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: SUNIL PATEL

OWNE

02/26/2008

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