

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008141

FILED
Mar 10, 2008
Secretary of State

Entity Name: LIVE OAK ORCHIDS, L.L.C.

Current Principal Place of Business:

5329 VILLAGE MARKET
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

1223 E CRAWFORD ST
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-3607956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOWALCZYK, RYAN
1223 E CRAWFORD ST
TAMPA, FL 33604 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: BURCHETT, JOHN C
Address: 1223 E CRAWFORD ST
City-St-Zip: TAMPA, FL 33604

Title: MGR () Delete
Name: KOWALCZYK, RYAN J
Address: 1223 E CRAWFORD ST
City-St-Zip: TAMPA, FL 33604

Title: MGR () Delete
Name: CARON, CYNTHIA
Address: 515 SOMER STONE DR
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: CARON, LEON F
Address: 515 SOMER STONE DR
City-St-Zip: VALRICO, FL 33594

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:

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: RYAN J KOWALCZYK

MR

03/10/2008

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