2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90785 001 ***630.00

1. Entity Nami	ie	# N05000003 T LIVE OAK PRE		ASSOCIATIO	ON,				05-01	-2006 9	90785 (001 ***630).00
3300 UNIVERSITY DR 336				Mailing Address 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065				OOOTGIET					
11500 Old Tampa Bay Dr 1				. Mailing Address 11500 Old Tampa Bay Dr Suite, Apt. #, etc.				04172006 Chg-NP CR2E037 (11/05)					
City & State	e		City	& State				4. FEI Numbe	er			A	pplied For
San A	ntonio,	, F1	San	San Antonio, Fl				20-26	91465	5		N	lot Applicable
Zip		Country	Zip		Cou	untry		5. Certificate			-CL	\$8.75 Ad	
33576			335								xx	Fee Require	∍d
	6. Name	and Address of Current	Registered	Agent				7. Name and	Address	of New R	egistered	Agent	
GERSON,	GARYN					Name	Jon	nie R Ty	ler				
1645 PALM	M BEACH	LAKES BLVD SUIT H, FL 33401	E 1200			Street A	ddress (F	O. Box Numb	er is Not A	cceptable	2)		
•							115	00 01d 1	ampa	Bay I)r		
•						City					F	Zip Cod	
8. The above	named entity	y submits this statement for	or the purpo	se of changing its	registere	ed affice or	San	Antonio	th in the S	State of Flo		!335/	
the obligati	ions of registi	ered agent	•		-		_	_		4-2	2.4 ~0	.6	·
SIGNATURE _	Signaturu	ai printi u ai vol registerea egen	and title it apple	caule (NOTE	E Registere	d Agent signatu	ure required	wren reinstating)			DATE		
	Filing Fe	e is \$61.25	Land title if apple	9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May B	le e	М	ake che	ck payable t	
	Filing Fe	e is \$61.25 lay 1, 2006		9. Election Can	npaign F Contributi	inancing		\$5.00 May B Added to Fees		M Flor	ake che	ck payable t	State
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental period is type and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SHANATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: