2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 24, 2004 8:00 am
Secretary of State
05-03-2004 90134 012 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000021797

1. Entity Name
GEORGIAN OAKS, LLC.

Principal Place of Business	Mailing Address
101 SE 21ST STREET FORT LAUDERDALE FL 33316	101 SE 21ST STREET FORT LAUDERDALE FL 33316

2. Principal Place of Business	3. Mailing Address
120 NE 4TH Street Fort Lauderdale, Fl 33301	120 NE 4TH Street Fort Lauderdale, Fl 33301
Zip / Country	Zip / Country

4. FEI Number 81-0618857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARDSON, GEX F 6200 COCONUT TERRACE PLANTATION FL 33316	Name Street Addre RICHARDSON, GEX F 120 NE 4TH STREET City FORT LAUDERDALE, FL 33301 Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GWJV, Inc 120 NE 4th Street Ft Lauderdale FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMR Steve Goldstrom 120 NE 4th Street Ft Lauderdale FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMR 6315 Grand Teton Plaza #300 Madison, WI 53719 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Gex Pores 5-29-04 954-761 3472
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #