2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# L03000021797

Entity Name: GEORGIAN OAKS, LLC.

Current Principal Place of Business:

120 NE 4TH STREET
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

120 NE 4TH STREET
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 81-0618857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDSON, GEX F
120 NE 4TH STREET
FORT LAUDERDALE, FL 33301 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/MEMBERS:

Title: MGRM ( ) Delete
Name: GWJV, INC.,
Address: 120 NE 4TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete
Name: GOLDSTROM, STEVE
Address: 120 NE 4TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete
Name: PLEAKE, EJ
Address: 6515 GRAND FETON PLAZA #300
City-St-Zip: MADISON, WI 53719

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: PLESKO, EJ
Address: 6515 GRAND TETON PLAZA #300
City-St-Zip: MADISON, WI 53719

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EJ PLESKO MGRM 04/22/2005

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