


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State '06
02-15-2007 90278 011 ****50.00

DOCUMENT # L03000021797	
1. Entity Name GEORGIAN OAKS, LLC.	

Principal Place of Business 120 NE 4TH STREET FORT LAUDERDALE FL 33301	Mailing Address 120 NE 4TH STREET FORT LAUDERDALE FL 33301
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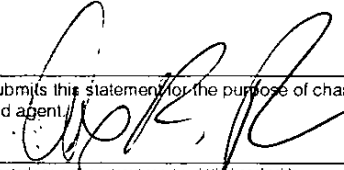


2. Principal Place of Business - No P.O. Box # 1212 E Broward Blvd. Suite, Apt. #, etc. Suite 300 City & State Ft. Lauderdale, FL Zip 33301 Country Broward	3. Mailing Address 1212 E Broward Blvd. Suite, Apt. #, etc. Suite 300 City & State Ft. Lauderdale FL Zip 33301 Country Broward
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1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent RICHARDSON, GEX F 120 NE 4TH STREET FORT LAUDERDALE FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1212 E Broward Blvd. Suite 300 City Ft. Lauderdale FL Zip 33301
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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.

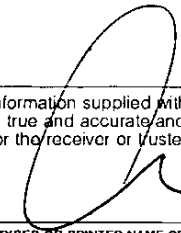
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title is 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, 2007
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GWJV, INC. 120 NE 4TH STREET FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1212 E Broward Blvd. Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTROM, STEVE 120 NE 4TH STREET FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1212 E Broward Blvd. Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **2-7-07** **954-761-3472**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #