

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90024 026 ****50.00

DOCUMENT # L03000025426

1. Entity Name
LIVE OAKS DEVELOPMENT, LLC



Principal Place of Business
**25 HENDRICKS ISLE, UNIT 504-N
FT. LAUDERDALE, FL 33301**

Mailing Address
**%CINDY GARDERE, ACCOUNTANT
4911 HAWK TRAIL
MARIETTA, GA 30066 US**

20038075



2. Principal Place of Business

**70 Grober Lane
Suite, Apt. #, etc.
220**

3. Mailing Address

P.O. Box 31046

City & State
St. Simons Island, GA

City & State
Sea Island, GA

Zip
31522

Country
USA

Zip
31561

Country
USA

01212005 -- Chg-LLC

CR2E083 (10/03)

4. FEI Number
13-4259498

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOSTIC, ROBERT S
25 HENDRICKS ISLE, UNIT 504-N
FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name **Robert Steven Bostic**

Street Address (P.O. Box Number is Not Acceptable)
751 S.E. 17th Street

826

City **ft. Lauderdale**

FL

Zip Code
33316

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

Robert Bostic
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BOSTIC, ROBERT S
25 HENDRICKS ISLE, UNIT 504-N
FT. LAUDERDALE, FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROBERT STEVEN BOSTIC
751 S.E. 17th St. # 826
ft. Lauderdale, FL 33316** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert Bostic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-29-05