


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90356 048 ****50.00

DOCUMENT # L03000025426 1. Entity Name LIVE OAKS DEVELOPMENT, LLC																																																																							
Principal Place of Business 1600 FREDERICA ROAD SUITE 10 SAINT SIMONS ISLAND, GA 31522				Mailing Address PO BOX 31046 SEA ISLAND, GA 31561 US																																																																			
2. Principal Place of Business - No P.O. Box # 100 IDAC Lane		3. Mailing Address 100 IDAC Lane																																																																					
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200																																																																					
City & State St. Simons Island, GA		City & State St. Simons Island GA		4. FEI Number 13-4259498																																																																			
Zip 31522		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																			
6. Name and Address of Current Registered Agent BOSTIC, ROBERT S 757 SE 17TH STREET #826 FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																			
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, the registered agent. SIGNATURE <u><i>[Signature]</i></u> DATE <u>4-13-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																							
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																					
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOSTIC, ROBERT S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>757 SE 17TH #826</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33316</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td> </td><td></td></tr> <tr><td>STREET ADDRESS</td><td> </td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td> </td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	BOSTIC, ROBERT S		STREET ADDRESS	757 SE 17TH #826		CITY-ST-ZIP	FORT LAUDERDALE, FL 33316																							TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																							
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4-13-07</u> Daytime Phone #																																																																			