

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2005 90011 012 ****50.00

DOCUMENT # L04000046118					
1. Entity Name LIVE OAKS DEVELOPMENT IV, LLC					
Principal Place of Business 25 HENDRICKS ISLE, UNIT 504-N FT. LAUDERDALE, FL 33301			Mailing Address 25 HENDRICKS ISLE, UNIT 504-N FT. LAUDERDALE, FL 33301		
2. Principal Place of Business 70 Grober Lane Suite, Apt. #, etc. #220 City & State St. Simons Island, GA Zip 31522 Country USA		3. Mailing Address P.O. Box 31046 Suite, Apt. #, etc. City & State Sea Island, GA Zip 31561 Country USA			
01212005 Chg-LLC CR2E083 (10/03)				4. FEI Number 20-1360215	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
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): 757 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: <u>[Signature]</u> DATE: <u>3-29-05</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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR - ROBERT STEVEN BOSTIC 757 S.E. 17th St #826 Ft. Lauderdale, FL 33316 <input type="checkbox"/> Change <input checked="" 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>3-29-05</u> Daytime Phone #		