


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90012 031 \*\*\*\*50.00

DOCUMENT # L04000046118	
1. Entity Name LIVE OAKS DEVELOPMENT IV, LLC	

Principal Place of Business 70 GROBER LN STE 220 SAINT SIMONS ISLAND, GA 31522 US	Mailing Address PO BOX 31046 SEA ISLAND, GA 31561 US
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2. Principal Place of Business 1600 Frederica Road Suite, Apt. #, etc. #10 City & State St Simons Island GA Zip 31522 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1360215	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOSTIC, ROBERT STEVEN 757 SE 17TH ST STE 826 FORT LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 3-17-06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSTIC, ROBERT STEVEN 757 SE 17TH ST #826 FORT LAUDERDALE, FL 33316 <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 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:  Steve Bostic	DATE 3-17-06	DAYTIME PHONE # 404-558-3333
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