



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2005 90011 020 ****50.00

DOCUMENT # L04000046133					
1. Entity Name LIVE OAKS DEVELOPMENT I, LLC					
Principal Place of Business 25 HENDRICKS ISLE, UNIT 504-N FORT LAUDERDALE, FL 33301			Mailing Address 25 HENDRICKS ISLE, UNIT 504-N FORT LAUDERDALE, FL 33301		
2. Principal Place of Business 70 Gruber 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		20037381 	
01212005 Chg-LLC CR2E083 (10/03)				4. FEI Number 20-1269164	
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 FORT 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 SE 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>Robert Bostic</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	MBR ROBERT STEVEN BOSTIC <input type="checkbox"/> Delete 757 S.E. 17th St. #826 Ft. Lauderdale, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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	
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>Robert Bostic</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3-29-05 <small>Date Daytime Phone #</small>		