


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-28-2006 90012 034 ****50.00

DOCUMENT # L04000046133																																																																																																																																			
1. Entity Name LIVE OAKS DEVELOPMENT I, 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																																																																																																																																
2. Principal Place of Business 1600 Frederica Road			3. Mailing Address																																																																																																																																
Suite, Apt. #, etc. #10			Suite, Apt. #, etc.																																																																																																																																
City & State St. Simons Island GA			City & State																																																																																																																																
Zip 31622		Country USA		4. FEI Number 20-1269164																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																																																																																																																															
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																																																																																																																																
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><i>Robert Steven Bostic</i></u> 3-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. 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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.																																																																																																																																			
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