


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-16-2007 90337 030 \*\*\*\*50.00

<b>DOCUMENT # L04000046133</b>	
1. Entity Name <b>LIVE OAKS DEVELOPMENT I, LLC</b>	

Principal Place of Business <b>1600 FREDERICA ROAD SUITE 10 SAINT SIMONS ISLAND, GA 31522 US</b>	Mailing Address <b>PO BOX 31046 SEA ISLAND, GA 31561 US</b>
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2. Principal Place of Business - No P.O. Box # <b>100 IDAC Lane</b>	3. Mailing Address <b>100 IDAC Lane</b>
Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc. <b>Suite 200</b>

City & State <b>St. Simons Island, GA</b>	City & State <b>St. Simons Island, GA</b>
Zip <b>31522</b>	Zip <b>31522</b>
Country <b>USA</b>	Country <b>USA</b>

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03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-1269164</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>BOSTIC, ROBERT STEVEN 757 SE 17TH ST STE 826 FORT LAUDERDALE, FL 33316</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *Robert Steven Bostic* (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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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
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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: *Charles* 4-13-07 912-634-3301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #